## The Corporation for Ohio Appalachian Development David V. Stivison Appalachian Community Action Scholarship Fund

## **COUNSELOR/PRINCIPAL EVALUATION FORM**

(To be completed by school personnel)

This information should reflect the stude	ent's status at the conclusion of	the most recent gra	ding period of the senior ye	
Grade Point Average	of a possible points	Rank in class _		
ACT composite score	or SAT sc	ores		
The following information should reflect your personal observation of the student:				
lease rate this student as to his/her overall	effort exhibited during the school	l year:		
Outstanding	Above Average		Average	
Please rate this student as to his/her inclinat	ion to succeed in post secondary	education:		
Outstanding	Above Average		Average	
Please rate this student as to his/her charact	er:			
Outstanding	Above Average		Average	
Based on your knowledge of this student, p	lease indicate your perception of	his/her need for finar	ncial assistance:	
Definite Need	Possible Need	Quest	Questionable Need	
Please use the space provided for additio Committee should take	e into consideration (you may u			
PLEASE REMEMBER  Printed Name of Counselor/Principal	TO ATTACH A TRANSCRI	PT OF GRADES TO	Date	
Signature of Counselor/Principal		0.1 15	trict and/or County	