

Johnson City Community Education Foundation

Student Scholarship Application

Teacher Reference Form

Applicant's Name (Please print) _____

A copy of this form should be given to **three** of your teachers along with an envelope addressed to the Chair of the JCCEF Scholarship Selection Committee. Also, print your name on the outside of the envelope.

I hereby waive my right of access to this Teacher Reference report.

Applicant's Signature _____ Date _____

To the Teacher: Please evaluate the applicant on each characteristic by placing a check in the column that most nearly represents your opinion. Return the form in a sealed envelope with your signature across the back flap directly to the applicant. The applicant's completed packet, including Teacher Reference Forms, is due to the LBJ High School Counselor **on or before the fourth Monday in April.**

	Outstanding	Above Average	Average	Below Average	Inadequate Knowledge
Attendance					
Communication skills					
Courteous					
Dependable					
Disciplined					
Emotional stability					
Enthusiasm					
Honest					
Leadership ability					
Prompt					
Relationship with peers					
Respectful					
Takes initiative					
Team player					
Overall Rating					

How long have you known the Applicant?

Additional comments:

Teacher's Name (Please print) _____

Teacher's Signature _____ Date _____

Please place this completed form in an envelope, seal it and sign across the back flap. Return the envelope directly to the applicant - be sure that the Applicant's name is on the outside of the envelope.