



Shining Lights Helping Hands Thomas R. Scott Scholarship

Application Part II: Must be completed by a Guidance Counselor, Teacher or School Social Worker and emailed to www.info@shininglightshelpinghands.org by 11/20/20.

Name of Applicant_____

Current School Attending_____ Grade_____

INSTRUCTIONS: The information provided here will bear considerable weight in evaluating this applicant's qualifications, and will be treated in a confidential manner. Please evaluate the applicant on each of the characteristics below.

Characteristic	Poor	Below Average	Average	Above Average	Superior	Comments
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Potential_____

Initiatitve_____

Maturity_____

Reliability_____

Work_____

Ethic_____

How long have you known this applicant?_____ In what capacity have you known him/her?_____

Please share why you feel this applicant is a good candidate to receive this year's scholarship award (CHROMEBOOK) and how it can benefit their education.

Name of Evaluator_____ Phone_____

Important reminder: This form must be received by Friday November 20, 2020.

Thank you for your support and cooperation