

**Montgomery County Public Schools Educational Foundation, Inc.**  
**EVALUATION FORM (TEACHER OR SCHOOL COUNSELOR)**  
**for Scholarship Applicants**

This form must be returned with the application packet by deadline date as posted on the application.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Teacher or School Counselor's Name  
Please Print

\_\_\_\_\_  
High School

\_\_\_\_\_  
How long have you known the student and in what capacity?

*Please rate the applicant.*

Poor	Fair	Good	Excellent	Trait Description	Comments
				Academic Motivation	
				Self-discipline	
				Self-confidence and independence	
				Personal Initiative	
				Emotional Maturity	
				Reliability; Dependability	
				Respect for teachers and other students	
				Character and Personal Promise	
				Academic Promise	
				Communication skills	
				Attendance	

Please give an example and/or anecdote of how the student exemplifies one or more of the above qualities.

In your opinion, why should this student be considered for an Educational Foundation Scholarship?

- ☐ I highly recommend this student  
☐ I recommend this student  
☐ I cannot recommend the student for the reasons stated above

\_\_\_\_\_  
Signature (Teacher or School Counselor)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date