

Applicant Appraisal

Student Information

Student Name _____
(last) (first) (middle initial)

Permanent Address _____
(city) (state) (zip)

Date of Birth _____ Telephone Number _____

Name of Parent/Guardian _____

High School _____ Expected Graduation Date _____

To be completed by a school counselor, teacher, employer, or someone who is familiar with the applicant's abilities.

The applicant's achievements reflect his/her ability:	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is:	<input type="checkbox"/> excellent	<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> not good
The quality of the applicant's commitment to school and community is:	<input type="checkbox"/> excellent	<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> not good
The applicant's choice of a post-secondary education program is:	<input type="checkbox"/> excellent	<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> not good
The applicant's commitment to and potential success in a teaching career is:	<input type="checkbox"/> excellent	<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> not good

Comments

Your name _____ Title _____
Signature _____ Telephone Number _____

Transcription Information

To be completed by the applicant's school counselor.

Applicant ranks _____ in a class of _____ Cumulative grade point average _____
Your name (please print) _____ District _____
Attestation _____ Telephone Number _____

NOTE TO SCHOOL COUNSELOR: Please submit the completed Appraisal along with the Application Form and Transcript no later than **April 29, 2024**

to Niki Maiura at: nmaiura@moboces.org
Or mail to: The Andrew D. Rossetti Scholarship Fund
P.O. Box 207, Verona, NY 13478
Any questions, please call: 315-361-5510