

APPLICANT APPRAISAL FORM

TO THE APPRAISER: You have been asked to provide information in support of this student's application for the Randon Costello Scholarship Endowment Fund. Please give immediate and serious attention to the statements below. When complete, you may mail this form directly to the address below postmarked no later than June 30; email to the email address, or you may return the form to the applicant for submission.

Randon Costello Scholarship Endowment Fund
c/o Leading Health Care of LA
114 W. Vermilion St.
Lafayette, LA 70501
RandonScholarship@lhcla.com

APPLICANT NAME: _____

The applicant's choice of a primary, secondary or postsecondary educational program is:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant's achievements reflect his / her ability.	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and/or community is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is able to seek, find, and use learning resources.	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates curiosity and initiative.	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates good problem-solving skills, follows through and completes tasks.	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's respect for self and others is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments: _____

Appraiser's Name: _____ Title: _____ Phone: (____) _____

Signature: _____ Date: _____

Appraiser's Work / School Address: _____

City _____ State _____ Zip _____