



2019 SCHOLARSHIPS COUNSELOR EVALUATION

Student Info

Name of the student applicant for which you are vouching

First Name Last Name

Class Rank out of students in their graduating class

GPA . as of this date - - (MM-DD-YYYY)

PSAT Verbal _____ PSAT Math _____ SAT Verbal _____ SAT Math _____

ACT English _____ Math _____ Reading _____ Science _____ Comp _____

Student Composite Character Reference

Seriousness of purpose Purposeless Changeable Purposeful Motivated Very Motivated

Initiative None Below Average Average Above Average Excels

Leadership None Below Average Average Above Average Excels

Responsibility None Below Average Average Above Average Excels

Integrity None Below Average Average Above Average Excels

Cooperation None Below Average Average Above Average Excels

Concern for others None Below Average Average Above Average Excels

Transcript

Attach a copy of the student's official high school transcript.

Counselor Info

First Name Last Name

Today's date - - (MM-DD-YYYY) Signature _____

Mailing Address

Mail your evaluation with transcript to the address below. Your evaluation must be postmarked no later than **April 5, 2019.**

SEIU Local 1
ATTN: Scholarship Committee
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Chicago, IL 60601