

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: extremely well very well well not well
- The applicant's ability to set realistic and attainable goals is: excellent very good good not good
- The quality of the applicant's commitment to school and community is: excellent very good good not good
- The applicant's choice of a post-secondary education program is: excellent very good good not good
- The applicant's commitment to and potential success in a teaching career is: excellent very good good 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