

CONFIDENTIAL RATING SCALE
Lloyd L. and June S. Goff Scholarship

Fall Spring 20__

Application and all required forms are to be completed and returned to Professional Education Programs Office.

Name of Applicant: _____

To the Reference: The above applicant has applied for the Lloyd L. and June S. Goff Scholarship. The applicant has selected you as a person who is qualified to rate the applicant's ability and personality. Your cooperation in making these ratings will assist us in appraising this applicant. Please mail the completed form as soon as possible to:
Dr. Audrey Bowser, P.O. Box 720, State University, AR 72467

The information you supply will be treated confidentially. Thank you for your assistance.

Mark the following statements at the left of each number. Ratings should indicate:

5 = Always; 4 = Often; 3 = Sometimes; 2 = Seldom; 1 = Never;
0 = No opportunity to observe.

- _____ 1. Student's academic performance is above average.
- _____ 2. Student demonstrates a commitment to the field of education.
- _____ 3. Student is a critical thinker.
- _____ 4. Student is dependable and assumes responsibility.
- _____ 5. Student exerts maximum effort which is reflected in performance.
- _____ 6. Student displays a positive attitude.
- _____ 7. Student is creative.
- _____ 8. Student demonstrates proficiency in communication skills.
- _____ 9. Student is cooperative, considerate, and shows concern for others.
- _____ 10. Student displays a neat, clean appearance.

Please make additional comments which might be helpful to the committee on the back.

_____ I recommend _____ I do not recommend

that this student be considered for the Lloyd L. and June S. Goff Scholarship.

Date _____ Signature _____

Name of Applicant: _____

Name of Respondent: _____

Lined writing area with multiple horizontal lines for text entry.