

To be completed by automotive instructor or advisor. May be completed by another teacher or employer if student does not currently have an automotive instructor.

Name of scholarship applicant: _____

Please rate this applicant with respect to the following:

	Low		Average		High	Comments
Intellectual Ability	1	2	3	4	5	_____
Responsibility, Dependability	1	2	3	4	5	_____
Academic/Professional Growth Potential	1	2	3	4	5	_____
Leadership	1	2	3	4	5	_____
Ability to Work with Others	1	2	3	4	5	_____
Motivation/Initiative	1	2	3	4	5	_____
Communication Skills	1	2	3	4	5	_____

What are the applicant's strongest characteristics and abilities? _____

What factors do you think we should particularly consider in our evaluation of this applicant? _____

Additional comments necessary for evaluation of this applicant: _____

Length of time you have known applicant: _____ In what capacity? _____

Name: _____ Title: _____

Department or Organization: _____ Phone: _____

Address: _____ Email: _____

Signature: _____ Date: _____

Thank you!

Please return this form to:

Julie Olson, Program Director
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 Madison, WI 53703
 Email: jolson@watda.org
 fax: 608-251-4379