

CORNWALL COLLEGE SCHOLARSHIP APPLICATION
TEACHER/COUNSELLOR/ACADEMIC ADVISOR
EVALUATION

(This form may be completed by any of the above-mentioned persons)

STUDENT INFORMATION

STUDENT'S NAME: _____

SCHOOL: _____

CURRENT GRADE: _____

EMAIL ADDRESS: _____

INFORMATION OF PERSON COMPLETING THE FORM

NAME: _____

POSITION: _____

EMAIL ADDRESS: _____

How long have you interacted with the student?

In what capacity?

EVALUATION

	Ex ce ll e nt	G o o d	Fa ir	A ve ra ge	P o or	No t ob ser ved	
Student Characteristics							

Academic Potential							
Academic Motivation							
Academic Creativity							

EVALUATION

Student Characteristics	Ex ce ll e nt	G o o d	Fa ir	A ve ra ge	P o or	No t ob ser ve d	
Academic Resilience							
Emotional Maturity							
Ability to do independent Work.							
Analytical/Thinking Skills							
Intellectual Awareness							
Ability to follow Instructions							
Time Management Skills							
Study Skills/Habit							
	SOFT SKILLS						
Sensitivity							
Ability to empathize							

Ability to initiate, develop and maintain meaningful Relationships							
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NAME (of person completing form) _____

SIGNATURE: _____

DATE: _____