

SCHOOL OFFICIAL'S CONFIDENTIAL EVALUATION OF APPLICANT

CARR AIR FORCE ROTC SCHOLARSHIP

ANGELO STATE UNIVERSITY

TYPE OR PRINT

Applicant's Name:

Last

First

Middle

Maiden

Home Address:

Street

City

State

ZIP

(AC)

Telephone No.

I hereby waive my right to inspect and review this confidential evaluation.

Signature of Applicant

Date

After completing the information above, give this form to your high school principal, teacher, counselor, or coach to be completed and mailed directly to the ROTC Detachment by the evaluator.

INSTRUCTIONS FOR THE HIGH SCHOOL PRINCIPAL OR COUNSELOR

The information provided on this form is an important criterion in the Carr Air Force ROTC Scholarship Program selection process and must be provided in order to determine award recipients.

Cumulative High School Grade Point Average _____ On a scale of _____

Class Rank _____ in _____

ACT Scores (if taken):

English _____ Math _____ Social Studies _____ Natural Sciences _____ Composite Score _____

SAT Scores (if taken): Verbal _____ Math _____

ACT/SAT scores and a copy of the applicant's transcript must be forwarded to the AFROTC Detachment at Angelo State University.

Please evaluate the following statements concerning the above-named applicant. Mark only one choice for each statement by circling the appropriate number. Rate the five statements on how well the quality describes the applicant in relation to his/her peers by using the following scale:

5 - Superior 4 - Above Average 3 - Average 2 - Below Average 1 - Inferior

The following will be treated as PRIVILEGED information:

- | | | | | | |
|--|---|---|---|---|---|
| 1. Ability to accept suggestions and criticism | 5 | 4 | 3 | 2 | 1 |
| 2. Interest and willingness to accept responsibilities | 5 | 4 | 3 | 2 | 1 |
| 3. Ability to work with peers and seniors | 5 | 4 | 3 | 2 | 1 |
| 4. Application of energy and persistence toward solutions or goals | 5 | 4 | 3 | 2 | 1 |
| 5. Ability to influence others in definite lines of action | 5 | 4 | 3 | 2 | 1 |
| 6. Moral character | 5 | 4 | 3 | 2 | 1 |

REMARKS: State briefly how you think this young man/woman will perform in a University academic program.

DATE:

SIGNATURE, TITLE, AND ADDRESS OF EVALUATOR:

TELEPHONE (Area Code/Number):

Upon completion, please return this form as soon as possible to AIR FORCE ROTC DET 847, ANGELO STATE UNIVERSITY, BOX 10905, ASU STATION, SAN ANGELO, TEXAS 76909. The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Aerospace Studies Dept.