

QueensCare - Gene & Marilyn Nuziard Scholarship & Loan Fund

SECTION A: To be completed by the applicant

Name: _____
Last First Middle

Address: _____ Phone: _____
City, State, Zip

SECTION B: To be completed by the evaluator

Name of Evaluator: _____ Title: _____

Relationship to the applicant: _____ Length of Acquaintance: _____

In comparison to others, / would rate this candidate as:

	Exceptional	Above Average	Average	Below Average	No Basis for Comparison
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would recommend this candidate:

	Enthusiastically	Strongly	Fairly Strong	With Reservation	Not Recommended
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character & Personal Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____

To the evaluator:

On official letterhead, please provide the Scholarship Committee with your brief assessment (one page typed) of the candidate. Of particular interest to the committee are:

- The candidate's ability to succeed academically or professionally.
- The candidate's ability to overcome obstacles.
- The candidate's interests, work/study habits, achievements, and future goals.

Please attach your letter recommendation to this Evaluation Form and mail to:



QueensCare
Gene & Marilyn Nuziard Scholarship & Loan Fund
950 S. Grand Avenue, 2nd Floor South
Los Angeles, CA 90015

Faxed applications are acceptable: (323) 953-6244

To the student: Please provide to your evaluator a stamped, addressed envelope for the Evaluation Form.