

Evaluation Sheet E-1

**To be completed by Evaluator 1
(An adult not related to you other than
any current faculty members/teachers).**

Date _____

Name of student: _____
(Last) (First) (Middle)

Your name has been given by the student named above, who is applying for a scholarship from the Wisconsin Electrical Trades Council. Your evaluation is important to us in considering this application, so please explain your comments fully. All comments will be used for evaluation purposes only.

Please complete this form (type or print using black ink). It must be submitted by the evaluator **directly** to the **Wisconsin Electrical Trades Council**, Attention: Scholarship Committee, PO Box 321, Wonewoc, WI 53968-0321. The evaluation must be postmarked by **April 15, 2012**.

Name of evaluator _____

Address _____

Relationship to Applicant _____ Telephone _____

How long have you known this student? _____

Describe the nature and frequency of your contacts with this student

Evaluation of social and personal traits

Please rate each characteristic listed by checking the appropriate column below.

	Low										High
	0	1	2	3	4	5	6	7	8	9	10
Cooperation											
Courtesy											
Dependability											
Industriousness											
Initiative											
Leadership											
Maturity											
Self-Control											
Character											

Comments (use additional sheets if necessary):

Signature _____

Evaluation Sheet E-2

**To be completed Evaluator 2
(Any current or former faculty
member or teacher.)**

Date _____

Name of student: _____
(Last) (First) (Middle)

Your name has been given by the student named above, who is applying for a scholarship from the Wisconsin Electrical Trades Council. Your evaluation is important to us in considering this application, so please explain your comments fully. All comments will be used for evaluation purposes only.

Please complete this form (type or print using black ink). It must be submitted by the evaluator **directly** to the **Wisconsin Electrical Trades Council**, Attention: Scholarship Committee, PO Box 321, Wonewoc, WI 53968-0321 The evaluation must be postmarked by **April 15, 2012**

Name of evaluator _____

School _____

Position _____ Telephone _____

School Address _____

How long have you known this student? _____

Describe the nature and frequency of your contacts with this student

Evaluation of academic traits

Please rate each characteristic listed by checking the appropriate column below.

	Low											High
	0	1	2	3	4	5	6	7	8	9	10	
Cooperation												
Courtesy												
Timelines & completeness of assignments												
Participation in extra-curricular activities												
Initiative												
Leadership												
Maturity												

Comments (use additional sheets if necessary):

Signature _____