



## Tozer Foundation Scholarship Program Applicant Appraisal

**Applicant Appraisal:** PRINT TWO (2) appraisals and provide to the appropriate individuals.

***Please complete the following information so this form can be matched to your electronic application.***

Applicant's Name (print or type) \_\_\_\_\_  
Last Name First Name Middle Initial

Application ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(see email notices or your e-application form) Month Date Year

**High school students or graduates:** This information is **required** and must be completed in the format provided below. The appraisals are to be completed by an instructor, a work supervisor, a coach or someone who knows you well, other than a family member or high school guidance counselor. A separate form has been provided for your guidance counselor to complete. Your guidance counselor must upload the required supporting documents no later than **3:00 p.m. Central Time on February 26, 2021**.

**College students:** This information is **required** and must be completed in the format provided below. The appraisals are to be completed by college level professors or advisors. As part of your application, upload the completed forms along with all other required documents no later than **3:00 p.m. Central Time on February 22, 2021**.

**To the Adult Appraiser:** *You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, you may return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

	Does Not Apply	Below Average	Average	Above Average	Outstanding
Creative, original thought	<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"/>
Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall likelihood of success in college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the student and in what context?

**Appraiser Information**

Appraiser's Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

May we contact you to verify this appraisal? \_\_\_ Yes \_\_\_ No

*I certify that the information and statements in this applicant appraisal are true and correct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Tozer Foundation Scholarship Program**  
**Submission Deadline: 3:00 p.m. Central Time on February 22, 2021**