

THE LUCINDA L. JASPER SCHOLARSHIP FUND, INC.

**(ALL Information MUST BE TYPED!)**

PLEASE CHECK THE LETTER SENT TO THE PRINCIPAL FOR THE SCHOOL  
CODE.

## SCHOOL REPORT

APPLICANT'S NAME

\_\_\_\_\_  
LAST FIRST MI

\_\_\_\_\_  
HOME ADDRESS CITY STATE ZIP

\_\_\_\_\_  
SCHOOL NAME

\_\_\_\_\_  
SCHOOL ADDRESS CITY STATE PHONE

**TO THE APPLICANT:** After you have filled in the above, give this form to the principal.

**TO THE PRINCIPAL:** This student is an applicant of **The Lucinda L. Jasper Scholarship Competition**. Your evaluation is of considerable importance to us. Please complete this form online no later than **March 31, 2020**.

1. **Class Rank** (may be filled in below or included on transcript) This rank covers a period of \_\_\_\_\_ to \_\_\_\_\_. This applicant ranks \_\_\_\_ in a class of \_\_\_\_.  
month/year month/year

If precise rank is not available, please indicate rank to the nearest tenth \_\_\_\_\_.

2. **ACHIEVEMENT TEST SCORES.** These scores may be filled in below or included on the transcript.

Math \_\_\_\_\_ English \_\_\_\_\_ Soc. Studies \_\_\_\_\_  
Score Date Score Date Score Date

(Continue on next Page)

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3. **GENERAL RATINGS:** In making the following ratings, please compare this student to members of his/her entire class. Please place a check in the appropriate column.

	Average	Above Avg	Excellent	Outstanding (Top 15%)	Top Few (Top 5%)	No basis for judgment
1. Academic Motivation						
2. Academic Creativity						
3. Academic Self-discipline						
4. Academic Growth Potential						
5. Leadership Ability						
6. Self-confidence						
7. Concern for Others						
8. Personal Initiative						

\_\_\_\_\_  
Principal's Name (Print)

\_\_\_\_\_  
Principal's Name (Signature)

Date \_\_\_\_\_