

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 BEFORE 11:59 PM March 31, 2021. School Reports received after March 31, 2021 will not be accepted. Without the School Report the applicant is disqualified.**

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

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

	Average	Above Average	Excellent	Outstanding (top 15%)	Top Few (top 5%)	No Basis for Judgement
Academic Motivation						
Academic Creativity						
Academic Self-discipline						
Academic Growth Potential						
Leadership Ability						
Self-confidence						
Concern for Others						
Personal Initiative						

Principal's Name (Print)

Date

Principal's Name (Signature)