

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
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HOME ADDRESS	CITY	STATE	ZIP
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SCHOOL NAME

SCHOOL ADDRESS	CITY	STATE	PHONE
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School Code: _____

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, 2024. School Reports received after March 31, 2024 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 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 _____

Combined Federal Campaign (CFC) Number 66937