



HIGH SCHOOL EVALUATION

(Confidential)



Candidate: TYPE or PRINT CLEARLY this section. Then submit to your high school for completion.

Applicant's Name: _____
First Middle Last

Home Address: _____
Number and Street City State Zip Code

High School: _____ Year of Graduation: _____

This section of the application for the Evans Scholarship should be completed by the college counselor or person designated by the principal. All responses will be kept confidential. Please complete and email to applications@wgaesf.org or mail to: Scholarship Committee, Western Golf Association Evans Scholars Foundation, 2501 Patriot Blvd., Glenview, IL 60026. with:

- Applicant's high school transcript (including overall grade point average, rank in class if available, and standardized test scores).
• Required high school letter of recommendation (On school letterhead, please comment regarding the applicant's overall record as a member of your high school. Include special recognition received and/or disciplinary action taken. Also include health and home conditions or any other factors that may have affected the applicant's school work and should be taken into consideration in reviewing the application).
• Please include high school profile, if available.

The online application and supporting documents (evaluations, transcripts, test scores, letters, etc.) are expected to be completed by October 30.

Overall GPA: _____/_____ weighted/scale unweighted/scale Rank in Class: _____/_____ (if available) Highest is 1/No. in class ACT Score: _____ SAT Score: _____ The ACT and SAT are optional for 2021 applicants

Rate the applicant's conduct and appearance.

Superior Excellent Good Average Poor

Rate the applicant's character and reputation for integrity.

Superior Excellent Good Average Poor

Rate the applicant's ability to define and achieve goals and objectives.

Superior Excellent Good Average Poor

Rate the applicant's overall contribution to the school.

Superior Excellent Good Average Poor

In summary, please indicate the overall level of recommendation you wish to give this applicant for the Evans Scholarship.

Highest recommendation Recommend highly Recommend Recommend with reservations Do not recommend

Name: _____ Title: _____

Telephone Number: _____ Email: _____

Signature: _____ Date: _____