

NORTH CAROLINA STATE ASSOCIATION OF FCRV SCHOLARSHIP FUND APPLICATION FORM
COLLEGE OR UNIVERSITY FACULTY RECOMMENDATION REPORT

NAME OF APPLICANT: _____

NAME OF COLLEGE OR UNIVERSITY: _____

APPLICANT WILL BE GRADUATED ON: _____ MONTH _____ YEAR

APPLICANT'S STANDING IN HIS/HER CLASS AS OF DECEMBER 31:

() TOP 1/5 () TOP 2/5 () TOP 3/5

IN THE SCHOLARSHIP, THE LARGEST RANK FOR THIS APPLICANT WAS _____
IN A CLASS OF _____

RECORD APPLICABLE SCORES BELOW:

COLLEGE ENTRANCE BOARDS (SAT)

AMERICAN COLLEGE TESTING (ACT)

A. VERBAL _____

A. VERBAL _____

B. MATHEMATICS _____

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C. TOTAL _____

C. TOTAL _____

IN THE EXTRA-CURRICULAR PROGRAM OF THIS SCHOOL, THE CANDIDATE'S PARTICIPATION IN BOTH QUANTITY AND QUALITY HAS BEEN: (CIRCLE ONE)

_____ BEST IN CLASS

_____ AVERAGE IN CLASS

_____ ABOVE AVERAGE IN CLASS

_____ BELOW AVERAGE IN CLASS

COURSE OF STUDY TAKEN BY APPLICANT: _____

IN YOUR OPINION, IS THIS APPLICANT WORKING UP TO HIS/HER TRUE LEVEL OF ABILITY.

PLEASE GIVE ADDITIONAL COMMENTS WHICH WILL HELP THE SCHOLARSHIP COMMITTEE EVALUATE THIS CANDIDATE:

PLEASE CHECK APPLICABLE STATEMENTS FOR THIS CANDIDATE:

- THINKS FOR HIMSELF/HERSELF
- IS EASILY LED BY OTHERS
- IS AN INNOVATOR OF IDEAS AND PROJECTS
- ACCEPTS RESPONSIBILITY WITHOUT EXCEPTION
- USUALLY ACCEPTS RESPONSIBILITY

SIZE OF SCHOOL:

PERCENTAGE OF GRADUATES ATTENDING COLLEGE: _____

EMPHASIS ON ADVANCED ACADEMIC COLLEGE LEVEL COURSES IN YOUR SCHOOL:

(CIRCLE ONE) NONE SOME MANY

PLEASE ATTACH OFFICIAL SCHOOL TRANSCRIPT.

SIGNATURE: _____

TITLE: _____

DATE: _____