

Appendix 1

MUNN INSURANCE FUTURE GOALS SCHOLARSHIP

RECOMMENDATION FORM FOR SCHOOL'S USE
(To be completed by High School Principal or Principal's designate)

Name of Applicant: _____

School of Applicant: _____

Directions: Please check the appropriate box.

| Attribute | 1 (Low) | 2 | 3 | 4 | 5 (High) |
|---------------------------|---------|---|---|---|----------|
| Fulfills Responsibilities | | | | | |
| Volunteering (School) | | | | | |
| Volunteering (Community) | | | | | |
| Demonstrated Leadership | | | | | |
| Moral character | | | | | |
| Overall Evaluation | | | | | |

Academic ability: Please check one box in relation to this student's academic ability.

| Attribute | Top 10% of class | Top 25% of class | Top 40% of class | Other |
|------------------|------------------|------------------|------------------|-------|
| Academic ability | | | | |

Comments (Provide additional comments below or on attachment)

I endorse the above applicant for consideration for this scholarship.

Name (print): _____ Signature: _____

Position: _____ Date: _____

The School Principal or designate is requested to e-mail the completed form to be received by July 31 directly to the MUNN Insurance Scholarship Selection Committee at munninsurancescholarship@gmail.com

Appendix 2

MUNN INSURANCE FUTURE GOALS SCHOLARSHIP
RECOMMENDATION FORM FOR COACH'S USE

(To be completed by Coach or Coach's designate)

Name of Applicant: _____

Team of Applicant: _____

Directions: Please check the appropriate box.

| Attribute | Lowest (1) | (2) | (3) | (4) | Highest (5) |
|-------------------------|------------|-----|-----|-----|-------------|
| Athletic Ability | | | | | |
| Meets Responsibilities | | | | | |
| Cooperation with Coach | | | | | |
| Sportsmanship | | | | | |
| Demonstrated Leadership | | | | | |
| Contribution to Team | | | | | |
| Moral Character | | | | | |
| Overall Evaluation | | | | | |

Comment (Provide additional comments below or on attachment)

I endorse the above applicant for consideration for this scholarship.

Name (print): _____ Signature: _____

Position: _____ Date: _____

The coach or designate is requested to e-mail the completed form to be received by July 31 directly to the MUNN Insurance Scholarship Selection Committee at munninsurancescholarship@gmail.com

Appendix 3

MUNN INSURANCE FUTURE GOALS SCHOLARSHIP
RECOMMENDATION FORM FOR SPORT EXECUTIVE MEMBER
(To be completed by a member of the sport's Executive Committee)

Name of Applicant: _____

School of Applicant: _____

Directions: Please check the appropriate box.

| Attribute | Lowest (1) | (2) | (3) | (4) | Highest (5) |
|------------------------------|------------|-----|-----|-----|-------------|
| Contribution to Organization | | | | | |
| Fulfills Responsibilities | | | | | |
| Demonstrated Leadership | | | | | |
| Moral Character | | | | | |
| Overall Evaluation | | | | | |

Comment (Provide additional comments below or on attachment)

I endorse the above applicant for consideration for this scholarship.

Name (print): _____ **Signature:** _____

Position: _____ **Date:** _____

A member of the sport executive is requested to e-mail the completed form to be received by July 31 directly to the MUNN Insurance Scholarship Selection Committee at munninsurancescholarship@gmail.com