

Appendix 1

WAYNE ANDREWS MEMORIAL 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 eligibility: It is expected that this student will graduate at the end of this academic year. Yes _____
No _____

General comments (Please provide additional comments below or as an 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 Wayne Andrews Memorial Scholarship Selection Committee at wayneandrewsscholarship@gmail.com

Appendix 2A

WAYNE ANDREWS MEMORIAL SCHOLARSHIP

RECOMMENDATION FORM FOR PROGRAM LEADER USE

(To be completed by Program Leader of Applicant's Community/Sport/Youth Organizations)

Name of Applicant: _____

Organization/group of Applicant: _____

Directions: Please check the appropriate box.

Attribute	Lowest (1)	(2)	(3)	(4)	Highest (5)
Level of Participation					
Meets Responsibilities					
Cooperation					
Demonstrated Leadership					
Contribution to group					
Moral Character					
Perseverance					
Overall Evaluation					

General comments (Please provide additional comments below or as an attachment)

I endorse the above applicant for consideration for this scholarship.

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

Position: _____ **Date:** _____

The Program Leader of applicant’s community/sport/youth organizations is requested to e-mail the completed form to be received by July 31 directly to the Wayne Andrews Memorial Scholarship Selection Committee at wayneandrewsscholarship@gmail.com

Appendix 2B

**WAYNE ANDREWS MEMORIAL SCHOLARSHIP
RECOMMENDATION FORM FOR PROGRAM LEADER USE
(To be completed by Program Leader of Applicant’s Community/Sport/Youth Organizations)**

Name of Applicant: _____

Organization/group of Applicant: _____

Directions: Please check the appropriate box.

Attribute	Lowest (1)	(2)	(3)	(4)	Highest (5)
Level of Participation					
Meets Responsibilities					
Cooperation					
Demonstrated Leadership					
Contribution to group					
Moral Character					
Perseverance					
Overall Evaluation					

General comments (Please provide additional comments below or as an attachment)

I endorse the above applicant for consideration for this scholarship.

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

Position: _____ **Date:** _____

The Program Leader of applicant's community/sport/youth organizations is requested to e-mail the completed form to be received by July 31 directly to the Wayne Andrews Memorial Scholarship Selection Committee at wayneandrewsscholarship@gmail.com

Appendix 2C

**WAYNE ANDREWS MEMORIAL SCHOLARSHIP
RECOMMENDATION FORM FOR PROGRAM LEADER USE
(To be completed by Program Leader of Applicant's Community/Sport/Youth Organizations)**

Name of Applicant: _____

Organization/group of Applicant: _____

Directions: Please check the appropriate box.

Attribute	Lowest (1)	(2)	(3)	(4)	Highest (5)
Level of Participation					
Meets Responsibilities					
Cooperation					
Demonstrated Leadership					
Contribution to group					
Moral Character					
Perseverance					
Overall Evaluation					

General comments (Please provide additional comments below or as an attachment)

I endorse the above applicant for consideration for this scholarship.

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

Position: _____ **Date:** _____

The Program Leader of applicant's community/sport/youth organizations is requested to e-mail the completed form to be received by July 31 directly to the Wayne Andrews Memorial Scholarship Selection Committee at **wayneandrewsscholarship@gmail.com**