

STUDENT NAME _____ SCHOOL _____

ASHEVILLE YOUNG WOMAN LEADERSHIP AWARD APPLICANT APPRAISAL FORM

Have this section completed by a school administrator, counselor, teacher, community leader, or other person in a position of authority who knows you and your accomplishments well.

CHECK APPROPRIATE CHOICE

| | | | | |
|---|---|--|--|---|
| The applicant's achievements reflect his/her ability | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant's demonstration of curiosity and initiative | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The applicant's commitment and persistence | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The applicant's willingness to take responsibility | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The applicant's commitment to school and community | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The applicant's creative spirit and vision | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The applicant's ability to guide and inspire | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The applicant's commitment to serving others | <input type="checkbox"/> extremely appropriate | <input type="checkbox"/> very appropriate | <input type="checkbox"/> moderately appropriate | <input type="checkbox"/> not appropriate |

Please tell us a few things that make this student stand out as someone with excellent leadership qualities:

Appraiser Information:

For how long and in what capacity have you known the applicant? _____

Your Name _____ Daytime Phone _____

Employer _____ Title _____

Signature _____ Date _____