

James R. Clark Memorial Sickle Cell Foundation

**2024 JAMES R. CLARK MEMORIAL SCHOLARSHIP**

COUNSELOR/TEACHER EVALUATION

(Must be submitted in a sealed, untampered, school stationery envelope)

Applicant Name \_\_\_\_\_

High School \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please verify and state applicant's GPA \_\_\_\_\_

In your opinion, is the student eligible for the school(s) to which he/she is applying?

Yes       Perhaps       Somewhat unrealistic       No

Based on your knowledge of the candidate, how would you rate his/her academic promise?

Excellent       Above Average       Acceptable       Issues of concern

Comment if you wish (attach additional sheet if required)

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_