

**WESTERN RESERVE HERB SOCIETY
A Unit of the Herb Society of America**

TEACHER/EMPLOYER SCHOLARSHIP EVALUATION FORM

STUDENT: Fill in the information below and give this form to your teacher/employer along with a **STAMPED ENVELOPE ADDRESSED TO**

**Carol Braverman, Chair
7250 Brecksville Road
Independence, OH 44131**

Student name _____

College _____

TEACHER/EMPLOYER: Please return your evaluation (original or photocopy) in the envelope provided you by this student, POSTMARKED BY April 1, 2012 (Please print or type.)

Teacher/Employer name: _____

Position: _____

College/Business address: _____

Signature _____ Date _____

BACKGROUND INFORMATION

How long have you known this student and in what context? _____

What are the first words that come to your mind to describe this student? _____

List the courses you have taught this student or the jobs this student performed while employed by you. _____

EVALUATION CONTINUES ON THE OTHER SIDE

EVALUATION: The following questions are intended merely as guides. We are more interested in a complete report of whatever you think is important.

1. In your opinion, in terms of the following characteristics, how well does the applicant qualify for success in his/her chosen field?

CHARACTERISTICS	RATINGS			
	Fair (1)	Good (3)	Excellent (5)	One of the best I have encountered in my career
Seriousness of purpose				
Industry/Motivation				
Concern for others				
Independence/Initiative				
Potential for growth				
Intellectual Curiosity				
Leadership				

2. In the space below please tell us in narrative form why the applicant received the above ratings. Reference to specific events or unusual circumstances may provide us with added insight into the strength or weakness of the applicant. We welcome information that will help us differentiate this student from others. (Please print or type.)