Andalusia Health Services, Inc.

Scholarship Selection Committee

P. O. Box 56 – Andalusia, AL 36420

**2025 EVALUATION FORM**

 Full Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS TO APPLICANT: These forms (2) are to be given to two persons you wish to use as references. Evaluators should be mature persons who know you personally and can give adequate information about you. Please do not include relatives or neighbors. At least one of these references should be a former teacher/instructor or counselor. One reference may be from a person or former employer. Applicants should provide each evaluator with a pre-addressed, stamped envelope to be used in submitting the form directly to the **SCHOLARSHIP SELECTION COMMITTEE, ANDALUSIA HEALTH SERVICES, INC. POST OFFICE BOX 56, ANDALUSIA, AL 36420.**

INSTRUCTIONS TO PERSON COMPLETING EVALUATION FORM: Please rate the above-named applicant in comparison to other persons of like age. Place a mark (X) in the appropriate blank for each descriptive statement. Include any additional comments you feel are pertinent. Evaluation forms are confidential and will be used only by the Scholarship Selection Committee. They are unavailable for review by applicant or any other party. Submit the completed form directly to the Scholarship Selection Committee prior to March 31, 2025.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor | Not Observed |
| Character |  |  |  |  |  |
| Intellectual Ability |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Social Maturity |  |  |  |  |  |
| Personality |  |  |  |  |  |
| Emotional Stability |  |  |  |  |  |
| Potential For Success |  |  |  |  |  |
|  |  |  |  |  |  |

Name and position of person completing evaluation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Institution: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long and in what capacity have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Evaluator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_