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 app	ropriate box.					
Attribute	1 (Low)	2	3	4	5 (High)	
Fulfills Responsibilities	, ,					
Volunteering (School)						
Volunteering (Community)						
Demonstrated Leadership						
Moral character						
Overall Evaluation						
General comments (Please provi	de additional	comments	s below or as	s an attach	ment)	
I endorse the above applicant for Name (print):			_			
Position:			Date:			
	rship Selection nil.com YNE ANDRE IENDATION gram Leader	Append WS MEM FORM F of Applica	ee at lix 2A IORIAL SC OR PROGR ant's Comm	HOLARSI RAM LEAI unity/Spor	HIP DER USE t/Youth Organiza	·
Organization/group or 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 c	onsideration for this scholarship.	
Name (print):	Signature:	
Position:	Date:	
	ommunity/sport/youth organizations is requested to e-mai the Wayne Andrews Memorial Scholarship Selection Com com Appendix 2B	
RECOMME	NE ANDREWS MEMORIAL SCHOLARSHIP INDATION FORM FOR PROGRAM LEADER USE ram Leader of Applicant's Community/Sport/Youth Or	rganizations)
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 applic	cant for consider	ation for thi	is scholarsh	ip.		
Name (print):			Signatu	re:		
Position:	Date:					
The Program Leader of app to be received by July 31 di wayneandrewsscholarship	irectly to the Ways	ne Andrews				
	WAYNE AND COMMENDATI	ON FORM	FOR PRO	GRAM LE	ADER USE	
(To be completed	by Program Lea	der of Appl	icant's Con	nmunity/Sp	ort/Youth Organiz	zations)
Name of Applicant:						
Organization/group of Ap	plicant:					
Directions: Please check the	he appropriate b	ox.				
Attribute	Lowest (1)	(2)	(3)	(4)	Highest (5)	
Level of Participation	İ					
Meets Responsibilities						
Cooperation	ĺ					
Demonstrated						
Leadership	İ					
Contribution to group						
Moral Character						
Perseverance						
Overall Evaluation						
Overan Evaluation						
General comments (Please	e provide additio	nal commer	nts below or	as an attac	chment)	
I endorse the above applic	cant for consider	ation for thi	is scholarsh	ip.		
Name (print):			Signatu	re:		
Position:			Da	te•		

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