



MRDA

MOHAWK REGIONAL DIETETIC ASSOCIATION

Scholarship Application Evaluation of Applicant

(To be completed by a Teacher / professor familiar with applicant's work AND a present or past employer [if never employed, use a personal acquaintance, not a relative])

Applicant's Name _____

Rating Scale: 1=Unsatisfactory 2= Below Average 3 = Average
4 = Above Average 5 = Outstanding

Please Circle the Appropriate Rating for Each of the Categories Below

Quality of Work <i>Accuracy, Neatness</i>	1	2	3	4	5
Quantity of Work <i>Productivity</i>	1	2	3	4	5
Dependability <i>Judgement, Attendance, Punctuality</i>	1	2	3	4	5
Cooperation <i>With Evaluator and with Peers</i>	1	2	3	4	5
Initiative <i>Ingenuity, Planning, Ambition</i>	1	2	3	4	5
Self Improvement <i>Interest, Study, Observation</i>	1	2	3	4	5
Personality <i>Appearance, Courtesy, Friendliness</i>	1	2	3	4	5

Additional Comments

Evaluated By _____

Date _____

Relationship to Applicant _____