

**FOUNDATION FOR SEACOAST HEALTH  
SCHOLARSHIP PROGRAM  
STUDENT ASSESSMENT AND STATEMENT OF SUPPORT  
(Side One)**

Appraisers must complete page one of this form and either fill in or attach a current letter of support. Any candidate who has previously received a Foundation for Seacoast Health award must submit **new** references each year with **at least two** from **current** professors/teachers if applicant is enrolled in school. If applicant has prior experience in the health field, please have at least **one** Student Assessment and Statement of Support form completed by a person who supervised your work in the field. **This form must be email to: [nhodgdon@communitycampus.org](mailto:nhodgdon@communitycampus.org) or mailed to the Foundation for Seacoast Health, 100 Campus Drive, Suite One, Portsmouth, NH 03801 no later than April 1st.**

Applicant's Name \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_

Professional Association with Applicant \_\_\_\_\_

Affiliation of Appraiser (Institution/Agency) \_\_\_\_\_

Using the following scale, please rate the applicant by placing an X in the appropriate box for each of the listed criteria:

**STUDENT ASSESSMENT**

CRITERIA	NO BASIS TO JUDGE	BELOW AVERAGE Below 50%	AVERAGE Middle 50-75%	GOOD Top 24%	VERY GOOD Top 10%	OUT-STANDING Top 5%	EXCEPTIONAL Top 1%
<b>Intellect</b> Analytical Powers Critical Thinking Reasoning Ability							
<b>Creativity</b> Originality Imagination							
<b>Communications Skills</b> Oral Written							
<b>Motivation</b> Persistence Self-Discipline Achieves Goals							
<b>Judgment &amp; Maturity</b> Conscientiousness Common Sense							
<b>Leadership Ability</b>							
<b>Organizational Skills</b>							
<b>Personal Attributes</b> Ability to Relate to Others Sensitivity Integrity							
<b>Ability to Achieve Health Related Career Goals</b>							
<b>Commitment to Achieve Health-Related Career Goals</b>							

\_\_\_\_\_  
Appraiser's Signature

\_\_\_\_\_  
Date

See Reverse Side

**STATEMENT OF SUPPORT  
(Side Two)**

PLEASE TYPE

Please address candidate's health-related goals in your assessment remarks.

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Appraiser's Signature

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Date