***Confidential High School Evaluation***

**Applicant: Type or print clearly the required information in this box and then submit this page to your school for completion.**

**Name:**

**High School: Year of Graduation:**

The high school counselor, coach or teacher should complete the following section of the TFTD scholarship application. All responses are confidential.

***By January 30, 2015,*** *Please complete and mail with the applicant’s transcript, ACT/SAT scores, and a letter of recommendation to*:

**The First Tee of Denver Scholarship Committee**

**2500 York Street**

**Denver, Colorado 80205**

**1.** The applicant at the end of their junior year ranked in a class of

**2.** On a scale of 1 – 10, where 1 is low, five is average and ten is outstanding, please rate the applicant on the following:

Demonstrates the capability to work independently

Sets clear goals and objectives

Demonstrates honesty and integrity

Demonstrates leadership

Is capable of performing at a college level

**3.** What recommendation do you give this applicant for The First Tee of Denver scholarship?

 Highest recommendation

 Recommended

 Recommended with reservations

 Do not recommend

Signature: Date:

Print Name: Title:

School: Telephone: