



QueensCare – John Joseph Brandlin Memorial Scholarship Fund

SECTION A: To be completed by the applicant

Name: _____
Last _____ First _____ Middle _____

Address: _____
City, State, Zip _____ Phone: _____

SECTION B: To be completed by the evaluator

Name of Evaluator: _____ Title: _____

Relationship to the applicant: _____ Length of Acquaintance: _____

In comparison to others, I would rate this candidate as:

	Exceptional	Above Average	Average	Below Average	No Basis for Comparison
Written Expression	<input type="checkbox"/>				
Maturity	<input type="checkbox"/>				
Motivation	<input type="checkbox"/>				
Self-Confidence	<input type="checkbox"/>				
Leadership	<input type="checkbox"/>				
Commitment	<input type="checkbox"/>				

I would recommend this candidate:

	Enthusiastically	Strongly	Fairly Strong	With Reservation	Not Recommended
Academic Potential	<input type="checkbox"/>				
Character & Personal Promise	<input type="checkbox"/>				

Signature: _____ Date: _____

To the Evaluator:

On official letterhead, please provide the Scholarship Committee with your brief (up to 500 words) assessment of the candidate. Of particular interest to the committee are:

- The candidate's interests, work/study habits, achievements, and future goals.
- The candidate's ability to succeed academically or professionally.
- The candidate's ability to overcome obstacles.

Please include your letter with this Evaluation Form email to scholarshipinfo@queenscare.org or mail to:

QueensCare
John Joseph Brandlin Memorial Scholarship Fund
950 S. Grand Avenue, 2nd Floor South
Los Angeles, CA 90015