LEHIGH VALLEY COUTURIERE SOCIETY SCHOLARSHIP APPLICATION
FACULTY MEMBER CONFIDENTIAL STUDENT RATING FORM

Student's Name:_____

Faculty Member:_____ School:_____ _

Department:_____ How long have you known applicant:___ ___

List courses student has taken with you:_____

_____

Please rate the applicant by circling the number in each statement which best describes the applicant.

1 - Below Average 2 – Average 3 - Above Average 4 – Outstanding

RESPONSIBILITY

1	2	3	4	Completes required assignments
1	2	3	4	Goes beyond required assignments
1	2	3	4	Provides leadership for peers
1	2	3	4	Is trustworthy

ATTITUDE

1	2	3	4	Enthusiastic in class
1	2	3	4	Shows consideration for others
1	2	3	4	Accepts criticism
1	2	3	4	Shows maturity and self-control

CREATIVITY

1	2	3	4	Demonstrates resourcefulness
1	2	3	4	Displays originality

Please include additional comments and personal observations regarding the applicant:

Signature and Title:_____ Date:_____

DEADLINE: This form must be received by April 1, 2010

Mail form **DIRECTLY** to: Lehigh Valley Couturiere Society
c/o A. H. Pike
2114 Riverbend Road
Allentown, PA 18103