Faculty Member: Date:

Student Name: Semester of Scholarship

To the Faculty Member,

The first section of this evaluation form is for your assessment of the students’ various leadership qualities, followed by a second section (backside) for any additional comments or feedback you feel the committee should take into consideration when reviewing the student’s application.

**Leadership Qualities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| 5 | 4 | 3 | 2 | 1 |

1. The applicant displays a high level of commitment and passion towards his/her own education:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 |

1. The applicant is a strong and clear communicator:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 |

1. The applicant has strong decision-making capabilities:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 |

1. The applicant has a high level of accountability:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 |

1. The applicant is able to follow through with things until the end:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 |

1. The applicant has a high level of creativity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 |

1. The applicant works well independently:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 |

1. The applicant works well as a part of a team:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 |

1. The applicant would do well in a role to lead and support other students:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | 4 | 3 | 2 | 1 |

**Additional Comments:**

**Please submit the completed form to the 7F Admissions Office by November 19, 2018. Thank you!**