

The Mary M. Gooley Hemophilia Center Scholarship Applicant Recommendation Form

This form is to be completed by two of the following who know you well: a high school or college teacher, counselor or advisor; a coach, youth group leader or other extracurricular adult leader; *or* a health care provider. *Please mail it directly to the Hemophilia Foundation of Upstate New York, Inc., Scholarship Application, 70 Linden Oaks, 3rd Floor, Rochester, NY 14625. Forms must be returned by Friday, April 1, 2022.*

Name of Applicant: _____

The applicant's choice of a post-secondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> not appropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments (use reverse if necessary): _____

PLEASE PRINT

Name of Person Completing Form: _____ Date: _____

Title: _____ Relationship to Applicant: _____

Daytime Phone: (____) _____ Signature: _____