

Counselor/Principal Recommendation – Daniel Murphy Scholarship Fund Class of 2020 Application

Sample

Please complete this recommendation on behalf of phil collins

Instructions for the Guidance Counselor/Principal: The above named student is a candidate for a Daniel Murphy Scholarship (for more information, please visit www.dmsf.org). The Selection Committee appreciates the help you are able to give us in our evaluation of this candidate. We depend on and value your assessment. Your recommendation may be shared with DMSF partnership schools.

Please upload the following items. A student's application cannot be considered without a 7th grade report card AND a copy of standardized test scores being provided through this form.

7th Grade Report Card (all marking periods) *

Browse... No file selected.

8th Grade Report Card (if available)

Browse... No file selected.

Transcript/Cumulative Grade Report (if available)

Browse... No file selected.

ISAT Test Score

Browse... No file selected.

Terra Nova Test Score

Browse... No file selected.

NWEA Test Score

Browse... No file selected.

Explore Test Score

Browse... No file selected.

ISEE Test Score

Browse... No file selected.

SSAT Test Score

Browse... No file selected.

Sample

School Info

School year runs from Please select... to Please select...

Check the classification of your school: Public Private Bilingual Magnet Gifted Other

Number of students in applicant's grade:

Does your school have a ranking system?

- No
- Yes - Exact
- Yes - Approximate

If the student's attendance record is not listed on the transcript, please indicate the number of days he/she has been absent or tardy each year.

Student Performance

Has the student ever been dismissed, suspended, placed on probation or received other serious disciplinary sanctions?

- Yes
- No

To your knowledge, has the student ever failed to be in good academic standing?

- Yes
- No

Has the student ever been asked to repeat a grade or withdraw from a school for any reason?

- Yes
- No

Does the student have an Individualized Education Program (IEP)?

- Yes
- No

In relation to others in the candidate's age group, please rate the candidate by checking the appropriate boxes.

Sample

	Excellent	Above Average	Average	Below Average
Academic Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Imagination/creativity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effort/persistence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Study habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer compatibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship to adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall evaluation as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall evaluation as a student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide us with any information that will give us a more complete picture of the student.

Thank you for taking time to complete this evaluation. All information provided will be kept in strict confidence. Please know DMSF places great reliance on Guidance Counselor/Principal recommendations.

School Name

School Street

Sample

School City

School State

Please select...

School Zip Code

School Phone

Your First Name

Your Last Name

Principal's First Name

Principal's Last Name

Guidance Counselor's First Name

Guidance Counselor's Last Name

Submit

[Need assistance with this form?](#)