

# MERIT SHOP CONSTRUCTION SCHOLARSHIP APPLICATION

## EMPLOYER'S EVALUATION FORM (Page 1)

Return by: Friday, February 22, 2019.

**APPLICANT:** \_\_\_\_\_

This form is to be filled out by your **present employer** or, if not presently employed, a **past employer**. When complete, the employer should return the form, via mail, to the Center by **February 22, 2019**. Before giving the form to your employer do the following:

1. Read the consent and waiver provisions.
2. Sign and date where indicated.
3. **PRINT** your name on line marked APPLICANT NAME.

~~Consent and Waiver~~

*I hereby consent to the release of any information concerning my employment background and status as an employee by any of my present or past employers. Further, I hereby waive any and all rights which I may have under 20 U.S.C.A. Section 1232 (g) or any other provision of law regarding disclosure of any personally identifiable information or confidential letters, recommendations or statements made by my past and present employers. I have read and understood this waiver and acknowledge that execution of this waiver is not required for scholarship eligibility.*

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

## **EMPLOYER:**

The above named individual is applying for one of the Merit Shop Construction Scholarship Grants to be awarded for the 2017-2018 academic year. **Please complete this form and mail it directly to: Merit Shop Training and Research Center, Inc., 135 Shellyland Road, Manheim PA, 17545.**

Your attention is directed to the consent and waiver provisions above which the applicant has executed so that you may be totally candid in your response. All information received will be utilized only by the Education Committee and held in the strictest confidence.

**THIS FORM MUST BE RETURNED NO LATER THAN FEBRUARY 22, 2019.**

Name of Evaluator (Print) \_\_\_\_\_

Title \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address (city & state) \_\_\_\_\_

**EMPLOYER'S EVALUATION FORM (Page 2)**  
**Return by: Friday, February 22, 2019**

**APPLICANT**

**NAME**

\_\_\_\_\_

How long have you known applicant

\_\_\_\_\_

How often and in what capacity have you been in contact with applicant?

\_\_\_\_\_

\_\_\_\_\_

**EVALUATION OF SOCIAL AND PERSONAL TRAITS**

Please rate student applicant in each of the categories listed below.

Quality	Below Average	Average	Above Average	Superior	Remarks
Cooperation					
Courtesy					
Dependability					
Industriousness					
Leadership					
Maturity					
Self-Control					

In your opinion, WHY do you believe the applicant is well suited for his/her chosen career goal in construction?

\_\_\_\_\_

\_\_\_\_\_

Did applicant have good attendance record while working for you?

Additional remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_  
\_\_\_\_\_

Date

**Please return this form by: February 22, 2019**