

MERIT SHOP CONSTRUCTION SCHOLARSHIP APPLICATION

ACADEMIC INSTRUCTOR OR ADVISOR REFERENCE FORM (Page 1)

Return by: Friday, February 22, 2019

APPLICANT'S NAME _____

Career Goal _____

This form is to be filled out by a **teacher or academic advisor** at your **current school** or **last school attended**. When complete, the instructor/advisor should return the form, via mail, as indicated. Before giving the form to your instructor or academic advisor, please 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.
4. State your career goal briefly on the line under your name
5. Make arrangements to send your academic transcripts (from your **current school** or **last school attended**) with this application. Your instructor or advisor may send the transcripts along with the evaluation form or you may send them with your personal application, **but you are responsible for making certain the center receives them by February 22, 2019.**

~~Consent and Waiver~~

I hereby consent to the release of any information concerning my educational background and status as a student by any of my present or past educators or educational institutions. 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 academic advisors, educators, educational institutions and employers. I have read and understood this waiver and acknowledge that execution of this waiver is not required for scholarship eligibility.

Date _____ Applicant Signature _____

TEACHER OR ADVISOR:

The above named individual is applying for one of the Merit Shop Construction Scholarship Grants to be awarded for the 2019-2020 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 or Subjects Taught _____

Name of School _____

School location (city & state) _____

ACADEMIC ADVISOR FORM (Page 2) APPLICANT NAME _____

Return by: Friday, February 22, 2019.

How long have you known this applicant? _____

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

High school only: number of days absent during the current or most recent academic year: _____

Additional remarks:

Signature _____ Date _____

Please return this form by: February 22, 2019.