

NY Holstein Scholarship - Confidential Evaluation

Name of Applicant::

Name of High School/College::

Anticipated Date of Graduation:

Please rank the applicant by checking the appropriate column below:

Characteristic	High	Average	Low
General Intelligence			
Ability to study without guidance			
Leadership ability			
Seriousness of purpose			
Ambition			
Enthusiasm			
Participation in student life			
Personality and social adaptability			

Please use this space for any additional statements you wish to make about the applicant. This is confidential and will not be returned to the applicant. **Do not use additional pages.**

Signature of evaluator:: _____

Printed name: _____

Title: _____ Date: _____

Please return on or before July 1, 2024 to jdonnan@nyholsteins.com or
NYHA
PO Box 130
Galway, NY 12074