

Dr. Elizabeth Marie Roberts Scholarship

Teacher Evaluation Form

Student's Name: _____

How long have you known this applicant? _____

In what capacity do you know this student?

How would you describe this applicant's contribution to the school and the community? In addition, how would you describe the applicant's academic potential and his/her maturity?

Additional Comments:

Teacher's Name (Printed): _____

Teacher's Signature: _____ Date: _____