



**THE MICHAEL JAY DANNER  
MEMORIAL SCHOLARSHIP APPLICATION**  
Jackson High School, 7600 Fulton Rd NW, Massillon OH 44646

**TEACHER EVALUATION FORM (Please Print)**

[www.michaeljaydanner.com](http://www.michaeljaydanner.com)

Applicant Name \_\_\_\_\_

Teacher Name \_\_\_\_\_

Teacher Phone: \_\_\_\_\_

**To the Evaluator: Thank you for assisting us in this process. This evaluation should NOT be shared with the applicant. Please return to the applicant in a sealed envelope.**

To assist us with the evaluation, please rate the applicant in the areas below:

|                                  | Below<br>Average         | Average                  | Good                     | Excellent                | Outstanding              |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Self-confidence                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personality                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sense of Humor                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Growth potential                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern for others               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to get along with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I do not recommend this applicant.

Please provide a brief explanation of why you feel this applicant should be selected to receive this scholarship. (If more space is needed, please use reverse side of this form)

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How many years have you been acquainted with or instructed this student? \_\_\_\_\_

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date