

# Newark Rotary Scholarship Program

## VOLUNTEER/SERVICE SUPERVISOR EVALUATION

Deadline:

March 31, 2025

\* Indicates required question

1. Student Name: \*

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2. How long have you known this student and in what capacity? \*

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3. Rate the student from 1 to 5: \*

*Mark only one oval per row.*

	1- Limited	2-Fair	3- Average	4-Very Good	5- Outstanding
<b>Academic Potential</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Effort</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Integrity</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Initiative</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Fulfillment of responsibility</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Name of Evaluator: \*

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5. Provide us with anything else you feel we should know about this student.

Please use an attached document to support your comments and if you recommend the student for a scholarship. Do not show this evaluation to anyone, including the student.

Document may be emailed to: fktmom2@gmail.com

Files submitted:

6. May we contact you about this student? \*

If yes, please provide phone number or email address.

*Mark only one oval.*

☐ Yes

☐ No

7. Volunteer/Service Supervisor phone number or email address:

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