



Form D: HS

2024 Principal Form for:

Name of applicant

After completion of this form, please forward to your school counselor who will mail the completed application to the Hospital Auxiliary Scholarship Committee in order to meet the deadline. Thank you

_____ Name of High School

_____ / _____ Applicant rank in class

_____ Applicant GPA

_____ Applicant ACT score

Excellent Very Good Average Poor Rank school citizenship

Excellent Very Good Average Poor Rank extracurricular participation

Rate this Applicant's potential for success at the college level: (circle one)

Excellent	Very Good	Good	Average	Poor
10 9	8 7	6 5	4 3	2 1

Rate this Applicant's leadership skills: (circle one)

Excellent	Very Good	Good	Average	Poor
10 9	8 7	6 5	4 3	2 1

What personal characteristics do you see in this Applicant that would enable him/her to be successful at the college level?

Principal

Principal Signature

Date