



# Dual Enrollment/Accelerated Student Scholarship

## APPLICANT REFERENCE SHEET

The funding for this NEED-BASED scholarship is provided by the DeKalb County Community Development Commission.

**NAME OF SCHOLARSHIP APPLICANT:** \_\_\_\_\_

The individual named above is applying for a DUAL ENROLLMENT/ACCELERATED STUDENT SCHOLARSHIP to Northeast Alabama Community College. This is a need-based scholarship sponsored by the DeKalb County Community Development Commission. The application process includes a reference from the high school counselor and two high school teachers, who are familiar with the scholarship applicant's academic performance, talents, abilities, etc. based upon your knowledge of the applicant's personal and academic qualifications, and potential for success at NACC. Please complete the following items. Your appraisal of the scholarship applicant will be beneficial in the selection process. We appreciate your participation.

CHARACTERISTICS	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
ACADEMIC ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POTENTIAL FOR SUCCESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUALITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS: (Please Print)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person recommending scholarship applicant and relationship to applicant.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Teacher  Counselor