



AFSA 2017-2018 SCHOLARSHIP PROGRAM APPLICATION

1101 17th Street NW Suite 408, Washington, DC 20036
Phone (202)986-4209 Fax (202)986-4211 e-mail afsa@AFSAadmin.org

PERSONAL EVALUATION – FORM 4 - PAGE 1

(Please PRINT or TYPE)

Applicant's Name: _____

Name of High School: _____

Notice to Applicant: *Please have a teacher or supervisor of any activity you are involved in provide the information requested below. Be sure to fill out this top portion.*

Signature of Applicant: _____ Date: _____

Evaluator's Name: _____ Title: _____

Activity through which you are involved with the applicant: _____

Relationship to Applicant: _____ How long have you known applicant: _____

What qualities impress you most about the applicant? Please cite examples:

Please return completed form **postmarked by February 28, 2018** to:
AFSA Scholarship Committee, 1101 17th ST, NW, Ste. 408, Washington, DC 20036



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PERSONAL EVALUATION – FORM 4 - PAGE 2

Please make any additional comments which you think will help us evaluate the applicant for the scholarship program:

Evaluator's E-mail Address: _____

Signature of Evaluator: _____ Date: _____

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