



**Cypress High School**  
**2024 Athletic Booster Club Scholarship**  
**HS Coach/Teacher/Counselor Recommendation Form**

**FORM DUE 3/1/2024**

Athlete's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Evaluator Relationship to Student: \_\_\_\_\_

**\*\*\*NOTE: This form can be handwritten or typed, but signature must be in blue or red ink \*\*\***

Please circle a number in each category that reflects your assessment of the student noted characteristic. Use N/A if you have not seen any indication of the characteristic.

Characteristic	Rating (low 1 to high 5)	N/A	Comments
Leadership	1 2 3 4 5		
Responsible	1 2 3 4 5		
Positive Attitude	1 2 3 4 5		
Respectful	1 2 3 4 5		
Committed	1 2 3 4 5		
Good Attendance (including practices)	1 2 3 4 5		
Hard Working	1 2 3 4 5		
Collaborative (A "Team" Player)	1 2 3 4 5		

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Please sign in blue or red ink)**

Evaluator should email this form to [cypressabcscholarships@gmail.com](mailto:cypressabcscholarships@gmail.com) OR place in Scholarship box in the Counselor's Office. This form may **NOT** be submitted by the athlete with the scholarship application.