



Sickle Cell Disease Association of America, Inc.

KERMIT B. NASH, JR. ACADEMIC SCHOLARSHIP

COUNSELOR/TEACHER EVALUATION

Must be submitted in a sealed, untampered, school stationery envelope

Applicant Name _____

High School _____

How long have you known the applicant? _____

Please verify and state applicant's GPA _____

In your opinion, is the student eligible for the school(s) to which he/she is applying?

Yes Perhaps Somewhat unrealistic No

Based on your knowledge of the candidate, how would you rate his/her academic promise?

Excellent Above Average Acceptable Issues of concern

Comment if you wish (attach additional sheet if required)

Signature _____

Date _____