

New Jersey Cheerleading & Dance Coaches Association
Coach's Scholarship Recommendation Form
CONFIDENTIAL

Coach's Name _____

Address _____

Phone: Day: _____ Evening: _____

School: _____

Name of Cheerleader/Dancer Applicant: _____

Please rate your student by putting an "x" under the rating that indicates their performance.

Competencies	Acceptable	Good	Excellent
1 Student Leadership			
2 Spirit & Enthusiasm			
3 Community Involvement			
4 Cooperation & Helpfulness			
5 Team Leadership			

Questions & Comments: (Use back of this form or make attachment.)

1. Do you believe this scholarship will have a positive impact on the student's future? Explain briefly.
2. Does this cheerleader/dancer have any extenuating family financial issues that would represent an increased need for this scholarship? If so, please briefly explain (all information is kept strictly confidential.)

Your additional written comments regarding the applicant are weighed in judging for scholarship consideration and are greatly appreciated.

Return to: Carol Stevens, A19 Carver Place, Lawrenceville, NJ 08648