

2021 San Diego FTC Achievement Scholarship

Counselor Form

Section 1: Student Information

To the applicant: After completing the information in Section 1, please give this form to your high school counselor and ask them to complete and return by 4/11/21.

| Name: | | | | DOB: | | | | | | | |
|----------------------------------|---------------------|----------|---------|------------------|------------------|---------|-----------|----------|---------|---|--|
| Address: | | | | City, State, Zip | | | | | | | |
| Section 2: Counselor In | formatio | n | · | | | | | | | | |
| To the counselor: No recom | nmendation | ı lette | r is ne | eeded. | Pleas | se con | nplete | this fo | rm an | nd return | |
| via email along with a cop | y of the stu | ıdent' | s trar | nscript | – to: | | | | | | |
| Robotics Inspiring S | cience and | Engin | eerin | g emai | il: kor | en@r | ise4ste | eam.or | g | | |
| Subject line: Couns | elor Recom | nmend | lation | n: Stud | ent's N | Name | | | | | |
| Must be received by April 11 | | | | | | | o FTC A | chieven | nent Sc | holarship. | |
| | | | | | | | | | | • | |
| HS Graduation Date:Weighted GPA: | | | | | Un-weighted GPA: | | | | | | |
| In comparison to other stude | nts at your s | chool, | this a | pplicar | nt's cou | ırse se | lection | is: | | | |
| ■ Academically demanding | □ Rigoro | NIIS | ПД | verage | п | l ess (| deman | ding th | an ave | rage | |
| - Academicany demanding | - Mgore | , us | _ ^ | verage | _ | LCSS | aciiiaiii | anig tii | an ave | Tuge | |
| Has the applicant ever been p | olaced on ac | ademio | or di | isciplina | arv pro | bation | or sus | nensio | n from | secondary | |
| school? | □ No | | | nable t | | | | p 0 | | , | |
| | | | | | | | | | | | |
| If known, please indicate the | applicant's p | oroficie | ency ii | n the fo | llowin | g area | s. | | | | |
| | Excellent | | | | Unsatisfactory | | | | | Not | |
| | | | | | | | | | | Observed | |
| Academic Preparation | 9 | 8 | 7 | 6 | 4 | | 3 | 2 | 1 | 0 | |
| Leadership | 9 | | 7 | | | 5 | 3 | 2 | 1 | 0 | |
| Acceptance of diversity | 9 | | 7 | | | 5 | 3 | 2 | 1 | 0 | |
| Integrity | 9 | 8 | | | | | | | 1 | 0 | |
| Service to others | 9 | 8 | 7 | 6 | 4 | 5 | 3 | 2 | 1 | 0 | |
| Counselor's Name | | | | | Da | ate: | | | | | |
| Counselor's Name: | | | | | Date: | | | | | | |
| Counselor Signature: | | | | | Email: | | | | | | |
| | | | | | | | | | | | |