CVS Health 2016 Scholarship Program

FOR CHILDREN OF FULL-TIMECVS HEALTH COLLEAGUES

Student Recommendation Form – For High School Seniors Only From High School Teacher or Guidance Counselor

To the recommender: This form is part of an application being submitted to the CVS Health Scholarship Program. You will receive an email from your student asking you to upload a letter of recommendation to his/her application. You will also receive an email from, "administrator@grantinterface.com" that directs you to where to upload this form. If you did not receive an email, you can submit this form and letter of recommendation to cvsscholarship@tpi.org or CVS Scholarship Program, TPI, 420 Boylston St. Boston, MA 02116. Please give an objective evaluation of the student, include a typed/written recommendation and follow the emailed instructions for submission. Please note the deadline for submission is April 29, 2016 by 12:00 PM.

Name of applicant:						
1.			in a high school class of:			
	b. Scholastic Aptitude Test Score (SAT) or American College Test (ACT) scores: Math: Critical Reading: Writing: ACT: c. General ability as indicated by any other tests:					
2.	Cumulative Grade Point Average (please convert to figures i.e. 3.4/4.0):					
We	eighted (GPA: /4.0	Unweighted GPA: /4.0			
3. Please indicate number of courses taken that were considered either honors or advanced placement:						
Number of Honors/APs completed:						
	Gener a.	al characteristics: Ability to get along with other students:	OSuperior	OVery good	O Good	O Fair
	b.	Evidence of leadership qualities:	O Superior	□ Very good	□ Good	O Fair
	c.	Commitment to school and community:	O Superior	OVery good	O Good	O Fair
	d.	Ability to set realistic and attainable goals:	OSuperior	OVery good	O Good	O Fair
	e.	Adaptability and problem-solving skills:	O Superior	OVery good	O Good	O Fair
4. Further comments or upload a letter of recommendation:						
Electronic Signature: I verify that the information provided is true and accurate to the best of my knowledge.						

Title

Date

Name