



Counselor Form

Sandy Sokol Memorial Fund

*To spread the joy that Sandy had for the Cutting Horse
& the Youth.*

Please read the following information carefully:

INSTRUCTIONS for high school seniors at the time of application:

This form is to be completed by the high school counselor. A teacher may assist with the sections for activities and attributes.

Note to high school counselors:

We appreciate you taking the time to assist us in selecting the recipients of the Sandy Sokol Memorial Fund Scholarship. Out of the applications we receive, we hope to select individuals who are likely to succeed in college, have a greater need for financial assistance and have demonstrated responsible behavior. You will be of considerable assistance in helping us make the selection by completing the counselor's form and responding to the questions truthfully.

Please do not staple attachments to this form. This section and necessary attachments **MUST** be given back to the student in a sealed envelope. Recommendation letters are not necessary and will not be judged. It is not necessary to type the information but handwriting must be legible. Please summarize your comments in the available section – do not attach additional pages for comments.

After completing the counselor's section, please include a seven (7) or eight (8) semester transcript with the following information and **RETURN TO THE STUDENT IN A SEALED ENVELOPE**:

- ACT or SAT composite score
- Class rank and class size
- Cumulative grade point average

Each of these sections will be taken into consideration by the judges in making the final selection for this scholarship.

INSTRUCTIONS for full time college students at the time of application:

If you have previously applied for this scholarship and submitted a copy of this form, you do not need to complete this form.

If this is the first time you have applied for the Sandy Sokol Memorial Fund Scholarship, you may have this form completed your former high school counselor. **Once you have completed at least one semester of full time college coursework, your high school GPA and national test scores will not be taken into consideration.** This form will serve as a reference only for activities and attributes, but is ***not required for college applicants.***

Incomplete applications and applications not postmarked or e-mailed by **May 15th** will be disqualified. Questions regarding the scholarship program or application process can be directed to Courtney Sokol at 979.421.0310 or by e-mail at courtney@sandysokolmemorialfund.com.



Counselor Form

Sandy Sokol Memorial Fund

To spread the joy that Sandy had for the Cutting Horse & the Youth.

PART 1:

Applicant's Last Name _____ First Name _____

Class Rank _____ Class Size _____ GPA (Please adjust to a 4.0 Scale-REQUIRED*) _____

Is this student's GPA weighted for Honors, AP, or other advanced classes? Yes _____ No _____

How would you classify this student's course curriculum? General Core _____ College Prep _____ AP _____

ACT Composite (Minimum of 20) _____ ACT Percentile (National) _____

SAT Reading & Writing: _____ SAT Mathematics: _____ SAT Combined: _____

How well do you know this applicant? Well Known _____ Slightly Known _____ Known by Record _____ Not Known _____

PART 2:

Please rate the applicant on a scale from 1 to 5 (circle only one response) on the following statements. NOTE: If you are not familiar with the applicant, you may allow another faculty member/teacher to rate the applicant on the following statements. Please indicate at the bottom of the application, the name and title of the person who completes this section.

1 – POOR	2 – FAIR	3 – GOOD	4 – ABOVE AVERAGE	5 – EXCELLENT	
The applicant's achievements reflect his/her ability	1	2	3	4	5
The applicant's ability to set realistic and attainable goals	1	2	3	4	5
The applicant's respect for self and others	1	2	3	4	5
The applicant's ability to work well with others	1	2	3	4	5
The applicant's leadership abilities	1	2	3	4	5
The applicant's overall behavior	1	2	3	4	5
The applicant's commitment to school and/or community	1	2	3	4	5
The applicant's level of character and integrity	1	2	3	4	5
The applicant's ability to follow through on tasks	1	2	3	4	5
The applicant's chances of success in college	1	2	3	4	5

Completed by (Print) _____ Title _____

Signature _____ Date _____

PART 3:

Please provide us with any additional information you believe may assist the scholarship committee in evaluating the applicant. **(Please DO NOT attach additional pages.)** Please write legibly or type your comments.

Counselor's Signature _____ Date _____

Printed Name _____

School Name _____

School Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail Address _____