



Albert Voorneveld, President

888 Veterans Highway, Suite 220 Hauppauge, NY 11788 Phone # 631-761-5451 Fax: 631-761-5454

Application for Scholarship

TWO (2) PERSONAL EVALUATIONS PER APPLICATION REQUIRED
PERSONAL EVALUATION

Please Type

NOTE TO THE APPLICANT: Please have a teacher or supervisor of any activity you are involved in provide the information requested below. **You will also need two letters of recommendation to be sent to CAS for your application.**

Student's Name _____
(First) _____ (Last) _____

Name of High School _____ District _____

(Signature of Applicant) _____ (Date) _____

Evaluator's Name _____

Evaluator's Title _____ Relationship to applicant _____

How Long have you known the applicant: _____

Activity through which you are involved with the applicant:

1. What qualities impress you most about the applicant? Please cite examples.

2. Please submit any additional comments which you think will help us evaluate the applicant for the scholarship program.

(Signature of Evaluator)

(Date)

Return form by March 31st to: Scholarship Committee, Council of Administrators and Supervisors,
888 Veterans Highway, Suite 220, Hauppauge, New York 11788