

**New Jersey Cheerleading & Dance Coaches Association
Coaches Scholarship Recommendation Form
CONFIDENTIAL**

Coach's Name: _____

Address: _____

Phone: Day: _____ Eve: _____

School: _____

Name of Cheerleader/Dancer Applying: _____

Please rate your student by putting an "X" under the rating that identifies their performance.

Competencies	Acceptable	Excellent	Outstanding	Comments
1. Academic Success				
2. Student Leadership (school activities)				
3. Spirit & Enthusiasm				
4. Community Involvement				
5. Cooperation & Helpfulness				
6. Team Leadership				

Questions & Comments: (Use bottom and back of form):

- 1 Do you believe this scholarship will have a positive impact on the student's future? YES or NO

- 2 Does this cheerleader 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.)

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