

P.O. Box 161 Houghton, MI 49931

**Student Evaluation for Financial Aid**

*Continuing CCSA students applying for financial aid: Provide this form to your private instructor. Note: New CCSA Students do not need to turn in this form*

*Instructors: Complete this form and return to the Executive Director within 5 days.*

Date Received: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Private Instructor's Name: \_\_\_\_\_

**Circle the number that best describes the student 1=low and 5=high**

Attendance/Participation	1	2	3	4	5
Students Progress	1	2	3	4	5
Attitude in Private Lesson	1	2	3	4	5

Please provide any additional information regarding the student's application for financial aid:

Please check one:

\_\_\_\_\_ I strongly recommend this student for financial aid.

\_\_\_\_\_ I recommend this student for a financial aid.

\_\_\_\_\_ I do not recommend this student for financial aid.