

# Central Bucks **EAST** High School

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## FOOTBALL PARENTS CLUB

### Teacher Evaluation Form - Football Scholarship Applicant

(To be completed by an academic teacher)

Please seal in attached envelope and mail to:

Ruth Bednarzyk  
3695 Newbolt Circle  
Doylestown, PA 18902

**DO NOT GIVE TO APPLICANT**

**THIS FORM IS CONFIDENTIAL.**

**Student Name** \_\_\_\_\_

**Teacher Name** \_\_\_\_\_

The above student/senior football player is applying for one of two scholarships given by the C.B. East Football Parent Club. Please rate the student football player on the qualities listed below:   **1...below average**                      **2...average**                      **3...excellent**

\_\_\_\_\_ Attendance and punctuality

\_\_\_\_\_ Scholastic achievement

\_\_\_\_\_ Honesty and dedication

\_\_\_\_\_ Initiative and dedication

\_\_\_\_\_ Attitude and courtesy

\_\_\_\_\_ Respect for authority

\_\_\_\_\_ Ability to get along with others

\_\_\_\_\_ Enthusiasm

\_\_\_\_\_ Cooperation

\_\_\_\_\_ Overall, how do you feel this student/football player would represent C.B. East Football Parent Club as a scholarship recipient?

Comments (optional)



**PROUD OF OUR PATRIOTS**

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