



Cypress High School
2025 Athletic Booster Club Scholarship
Cypress HS Coach/Teacher/Counselor Recommendation Form

FORM DUE 3/14/2025

Athlete's Name: _____ Student ID: _____

Sport(s): _____

Evaluator Name: _____ Email: _____

Evaluator Relationship to Student: _____

*****NOTE: This form can be handwritten or typed, but the signature must be in blue or red ink *****

Please circle a number in each category that reflects your assessment of the student-noted characteristic. Use N/A if you have not seen any indication of the characteristic.

Characteristic	Rating (low 1 to high 5)	N/A	Comments
Leadership	1 2 3 4 5		
Responsible	1 2 3 4 5		
Positive Attitude	1 2 3 4 5		
Respectful	1 2 3 4 5		
Committed	1 2 3 4 5		
Good Attendance (including practices)	1 2 3 4 5		
Hard Working	1 2 3 4 5		
Collaborative (A "Team" Player)	1 2 3 4 5		

Evaluator Signature: _____ Date: _____

(Please sign in blue or red ink)

Evaluator should email this form to cypressabcscholarships@gmail.com OR place in Scholarship box in the Counselor's Office. This form may **NOT** be submitted by the athlete with the scholarship application.