

# THE AARON R. MOORE, JR CHARITABLE TRUST

## Teacher Evaluation For Scholarship Benefit

### TO THE APPLICANT

Fill in the information below and give this form and a stamped envelope, addressed to each college to which you are applying that requests a Teacher Evaluation, to a teacher who has taught you an academic subject.

Birthdate / / Gender Social Security No. (Optional)

Student Name Last/Family First Middle (complete) Jr. etc.

Address Number and Street City or Town State Country Zip Code or Postal Code

School you now attend CEEB/ACT code

### TO THE TEACHER

The Common Application group of colleges finds candid evaluations helpful in choosing from among highly qualified candidates. We are primarily interested in whatever you think is important about the applicant's academic and personal qualifications for college.

Please submit your references promptly. A photocopy of this reference form, or another reference you may have prepared on behalf of this student, is acceptable. You are encouraged to keep the original of this form in your private files for use should the student need additional recommendations. Please return it to the appropriate admissions office(s) in the envelope(s) provided you by this student. We are grateful for your assistance. **Be sure to sign below.**

Teacher's Name (please print or type) Position

Secondary School

School Address

Teacher's Phone ( Area Code ) Number Ext. Teacher's E-mail

Signature Date

### BACKGROUND INFORMATION

How long have you known this student and in what context?

What are the first words that come to your mind to describe this student?

List the courses you have taught this student, noting for each the student's year in school (10th, 11th, 12th) and the level of course difficulty (AP, accelerated, honors, IB, elective, etc.)





**EVALUATION** Please write whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, maturity, integrity, independence, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm, concern for others, respect accorded by faculty, and reaction to setbacks. We welcome information that will help us to differentiate this student from others.

How long have you known this student and in what context? \_\_\_\_\_

What are the first words that come to your mind to describe this student? \_\_\_\_\_

## RATINGS

Compared to other college-bound students in his or her secondary school class, how do you rate this student in terms of:

No basis	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	One of the top few encountered in my career
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend this student:  With reservation  Fairly strongly  Strongly  Enthusiastically

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## Application for Scholarship Benefit

### PERSONAL DATA

Legal Name                                  Last/First Middle (complete)                                  Jr., etc.                                  Gender                                 

Prefer to be called (nickname)                                  Former last name(s) if any                                   
For the term beginning                                 

Birthdate     /    /     Former E-mail Address                                   
mm/dd/yy

Permanent Home Address                                  Number and Street                                  Zip Code or Postal Code                                   
                                 City or Town                                  State                                  Country                                 

Mailing Address (from     /    /     to     /    /    )                                  Number and Street                                  Zip Code or Postal Code                                   
(mm/yy) (mm/yy)

Phone at mailing address (              )                               City or Town                                  State                                  Country                                  Zip Code or Postal Code                                   
area code number area code number

Citizenship  US citizen  Dual US citizen; please specify other country of citizenship                                  Visa type                                   
 US Permanent Resident visa; citizen of  Other citizenship                                  /                                  /                                 

Alien Registration Number                                   
If you are not a US citizen and live in the United States, how long have you been in the country?                                 

Possible area(s) of academic concentration/major                                   or undecided

Special college or division if applicable                                 

Possible career or professional plans                                   or undecided

Will you be a candidate for financial aid?  yes  no  If yes, the appropriate form(s) was/will be filed on                                 

**The following items are optional. No information you provide will be used in a discriminatory manner.**

Place of birth                                  City                                  State                                  Country                                  Social Security Number (if any)                                   
First language, if other than English                                  Language spoken at home                                 

If you wish to be identified with a particular ethnic group, please check all that apply

- African American, Black
- Native American, Alaska Native (tribal affiliation                                 ) enrolled
- Asian American (country of family's origin                                 )
- Asian, including Indian Subcontinent (country                                 )
- Hispanic, Latino (country                                 )
- Mexican American, Chicano
- Native Hawaiian, Pacific Islander
- Puerto Rican
- White or Caucasian
- Other (specify                                 )

# EDUCATIONAL DATA

High school you now attend (or from which you graduated) \_\_\_\_\_ Date of entry \_\_\_\_\_

Address \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ CEEB/ACT code \_\_\_\_\_

Date of secondary graduation \_\_\_\_\_ Type of school  public  private  parochial  home school

Guidance counselor's name \_\_\_\_\_ Position \_\_\_\_\_

Counselor's phone ( \_\_\_\_\_ ) \_\_\_\_\_ Ext. \_\_\_\_\_ Counselor's Fax ( \_\_\_\_\_ ) \_\_\_\_\_

List all other secondary schools, including summer schools and programs you have attended beginning with ninth grade. \_\_\_\_\_  
Name of School \_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_ Location (City, State, Zip) \_\_\_\_\_ Number \_\_\_\_\_ Dates Attended \_\_\_\_\_

List all colleges/universities at which you have taken courses for credit and list names of courses taken and grades earned on a separate sheet. Please have an official transcript sent from each institution as soon as possible.

Name of College/University \_\_\_\_\_ Location (City, State, Zip) \_\_\_\_\_ Degree Candidate?   Dates Attended \_\_\_\_\_

If not currently attending school, please check here  Describe in detail, on a separate sheet, your activities since last enrolled.

## TEST INFORMATION

Be sure to note the tests required for each institution to which you are applying. The official scores from the appropriate testing agency must be submitted to each institution as soon as possible. Please list your test plans below.

### ACT

<small>Date taken/ to be taken</small>	<small>English Score</small>	<small>Math Score</small>	<small>Reading Score</small>	<small>Science Score</small>	<small>Composite Score</small>
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<small>Date taken/ to be taken</small>	<small>English Score</small>	<small>Math Score</small>	<small>Reading Score</small>	<small>Science Score</small>	<small>Composite Score</small>
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<small>Date taken/ to be taken</small>	<small>Verbal Score</small>	<small>Math Score</small>	<small>Verbal Score</small>	<small>Math Score</small>
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<small>Date taken/ to be taken</small>	<small>Subject</small>	<small>Score</small>	<small>Date taken/ to be taken</small>	<small>Subject</small>	<small>Score</small>
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<small>Date taken/ to be taken</small>	<small>Subject</small>	<small>Score</small>	<small>Date taken/ to be taken</small>	<small>Subject</small>	<small>Score</small>
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<small>Test</small>	<small>Score</small>	<small>Test</small>	<small>Score</small>
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### SAT I

### SAT II Subject Tests

Test of English as a second language (TOEFL or other exam)

## FAMILY

Mother Last/Family \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Father Last/Family \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Is she living? \_\_\_\_\_ Is he living? \_\_\_\_\_

Home address if different from yours \_\_\_\_\_ Home address if different from yours \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Name of business or organization \_\_\_\_\_ Name of business or organization \_\_\_\_\_

College (if any) \_\_\_\_\_ College (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Professional or graduate school (if any) \_\_\_\_\_ Professional or graduate school (if any) \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

If not with both parents, with whom do you make your permanent home? \_\_\_\_\_

Legal guardian's name/address \_\_\_\_\_

Please check if parents are  married  separated  divorced (date \_\_\_\_\_)  other \_\_\_\_\_

Please give names and ages of your brothers or sisters. If they have attended college, give the names of the institutions attended, degrees, and approximate dates.

## ACADEMIC HONORS

Briefly describe any scholastic distinctions or honors you have won beginning with ninth grade.

## EXTRACURRICULAR, PERSONAL, AND VOLUNTEER ACTIVITIES (including summer)

Please list your principal extracurricular, community, and family activities and hobbies in the order of their interest to you. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc. Check (✓) in the right column those activities you hope to pursue in college. To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé.

Activity	Grade level or post-secondary (PS)				Approximate time spent		Positions held, honors won, or letters earned	Do you plan to participate in college?
	9	10	11	12	PS	Hours per week		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

## WORK EXPERIENCE

List any job (including summer employment) you have held during the past three years.

Specific nature of work	Employer	Approximate dates of employment	Approximate no. of hours spent per week

In the space provided below, or on a separate sheet if necessary, please describe which of these activities (extracurricular and personal activities or work experience) has had the most meaning for you, and why.

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## PERSONAL STATEMENT

This personal statement helps us become acquainted with you in ways different from courses, grades, test scores, and other objective data. It will demonstrate your ability to organize thoughts and express yourself. We are looking for an essay that will help us know you better as a person and as a student. Please write an essay (250–500 words) on a topic of your choice or on one of the options listed below. You may attach your essay on separate sheets (same size, please). Also, please indicate your topic by checking the appropriate box below.

- 1 Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you.
- 2 Discuss some issue of personal, local, national, or international concern and its importance to you.
- 3 Indicate a person who has had a significant influence on you, and describe that influence.
- 4 Describe a character in fiction, an historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you, and explain that influence.
- 5 Topic of your choice.

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## REQUIRED SIGNATURE

*I certify that all information in my application, including my Personal Statement, is my own work, factually true, and honestly presented.*

Signature \_\_\_\_\_

Date \_\_\_\_\_



**CUSTODIAL PARENT AND STUDENT/SPOUSE INCOME INFORMATION**

Adjustments to Income	Parent(s)	Student (and Spouse)
2007 Interest Income (interest earned on savings, investments, etc.)	\$	\$
2007 Dividend Income (dividends earned from savings, investments, etc.)	\$	\$
Total Losses reported on 2007 tax return (losses on the sale of stocks, bonds, real estate, etc.)	\$	\$
If you had business, capital gains, real estate, partnership, corporation, and/or farm income on your 2007 tax return, itemize the following:		
Depreciation reported on 2007 tax return:	\$	\$
Travel/Meals/Entertainment expenses on 2007 tax return:	\$	\$
Untaxed Income (Please list all sources of income.)	Parent(s)	Student (and Spouse)
Untaxed Social Security income received in 2007	\$	\$
Child support received in 2007 (for all children):	\$	\$
Foreign income exclusion in 2007	\$	\$
Contributions to retirement accounts in 2007:	\$	\$
Other in 2007: (list sources):	\$	\$

**CUSTODIAL PARENT AND STUDENT/SPOUSE 2007 ASSET INFORMATION**

	Parent(s)		Student (and Spouse)	
	<input type="checkbox"/> Own Home	<input type="checkbox"/> Rent	<input type="checkbox"/> Own Home	<input type="checkbox"/> Rent
Value of home:	\$	\$	\$	\$
Mortgage against home:	\$	\$	\$	\$
Year of home purchase:				
Purchase price:	\$	\$	\$	\$
Value of business (if applicable):	\$	\$	\$	\$
Debt against business (if applicable):	\$	\$	\$	\$
Cash/Savings/Checking Account:	\$	\$	\$	\$
Other real estate value (Do not include primary residence):	\$	\$	\$	\$
Other real estate debt (Do not include primary residence):	\$	\$	\$	\$
Investments (including trusts):	\$	\$	\$	\$
Investment debt:	\$	\$	\$	\$

**CUSTODIAL PARENT SPECIAL EXPENSES**

Child support paid during:	\$	\$
Unreimbursed tuition (elementary/secondary) paid during:	\$	\$
Names of dependent children for whom tuition will be paid:		

**EARLY DECISION APPLICANTS ONLY: CUSTODIAL PARENT AND STUDENT/SPOUSE 2007 ESTIMATED INCOME**

Parent Income Tax Return Type:	<input type="checkbox"/> 1040 <input type="checkbox"/> 1040A/EZ/Telefile <input type="checkbox"/> Will not file	
Student/Spouse Income Tax Return Type:	<input type="checkbox"/> 1040 <input type="checkbox"/> 1040A/EZ/Telefile <input type="checkbox"/> Will not file	
Taxable Income	Parent Estimated	Student/ Spouse Estimated
Father/Stepfather Wages:	\$	N/A
Mother/Stepmother Wages:	\$	N/A
Student/Spouse Wages:	N/A	\$
Federal Adjusted Gross Income:	\$	\$
U.S. Income Tax Paid:	\$	\$

*Certification: All of the information provided above is true and complete to the best of my knowledge. I understand that this information must be confirmed and verified, and I agree to provide required documentation.*

Student Signature \_\_\_\_\_ Mother/Stepmother Signature \_\_\_\_\_ Father/Stepfather Signature \_\_\_\_\_ Date \_\_\_\_\_