Program Code 0404	
tter per box) FIRST	M.I
AUTHORIZATION	
provisions of the Family Educational Rights and Privacy Act of 1974, a school ration before it can release student information for use in this scholarship program	
given to high school or college officials to release the secondary school or coested information for consideration in the above-named scholarship program.	ollege
Date	
ponsibility to ensure that your high school or college releases this information of the description of the d	
inistrator's Name	_

NOTE FOR THE EDUCATION PROFESSIONAL

The above-named student is an applicant for a scholarship. To process the application, we need the following: a carefully considered **character and ability estimate** by a teacher or administrator who knows the student well, and a **transcript** of the student's academic record. This information will be used only in connection with the selection of scholarship recipients and will be seen only by qualified persons involved in the selection process.

The evaluator should sign this report form at the bottom of Page 3. Complete information should be given wherever possible and answers limited to the spaces provided. **Please type or write in black ink.**

Student's Class Rank	
How Many Students in Class	
Student's Grade Point Average	
GPA Based on How Many Semesters	
GPA Equivalent to what Letter Grade	

Please	enecify	anv	etrona	evidence	οf	leadership	ahility	that	the	student	hae	shown
riease	Specify	ally	Suong	evidence	OI	leauer Still	aumily	ı ınaı	แษ	Student	1185	SHOWH.

Describe any exceptional talent or originality in any specific field such as art, music, science, literature, mathematics, or industrial arts.

Please describe the student's principal strength	Please describe the student's principal weakness

Sometimes special circumstances should be considered when evaluating a student's achievement record and test scores. If, in your opinion, this student may have been handicapped by any such circumstances, please specify.
As the designated school official completing this recommendation, please be sure to describe carefully and completely the special qualities and abilities of this student. This recommendation will be essential to the consideration given each candidate in the competition. Please be as specific as possible.

Certification by Designated Administrator/Teacher

Name of Design	ee		
Relationship to S	Student		
If Teacher, pleas	se state subject		
Length of Relation	onship		
Date	 Evaluator's signature	 Title	

RETURN THE COMPLETED

- **♦ ACADEMIC REPORT,**
- **◆ TRANSCRIPT OF GRADES**

Bakery, Confectionery, Tobacco Workers and Grain Millers International Union
Attn: Scholarship Office
10401 Connecticut Avenue
Kensington MD 20895-3961

Phone: 301-692-2878 E-mail: jmarques@bctgm.org

