Chesapeake Bay Garden Club

Evaluator: **Date:**

Student Name	Career Choice	Class Rank	GPA	Teacher Recom-mendations	Academic Course Load	Leadership	Community Focus	Financial Need	Clarity of Vision	Probability of Success	Total Numerical Score
	(write in)			(score 1-5)	(score 1-5)	(score 1-5)	(score 1-5)	(score 1-5)	(score 1-5)	(score 1-5)	