

**SHRED-IT FOUNDATION SCHOLARSHIP**

**CONFIDENTIAL APPLICANT EVALUATION FORM**

(to be completed by a counselor or instructor)

Applicant's Name \_\_\_\_\_

Name of Counselor \_\_\_\_\_

School/College/University \_\_\_\_\_

Position \_\_\_\_\_

Telephone Number \_\_\_\_\_

Number of years you have known the applicant \_\_\_\_\_

**COMMENTS**

Please base your evaluation of the applicant on his/her academic achievements, motivation, potential, leadership abilities and peer interaction.

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**OVERALL RATING**

Good \_\_\_\_\_ Excellent \_\_\_\_\_ Outstanding \_\_\_\_\_

Please mail the completed application to

**Shred-it Foundation**  
2794 South Sheridan Way  
Oakville, Ontario  
CANADA  
L6J 7T4

or send by e-mail to **[scholarship@shreditfoundation.com](mailto:scholarship@shreditfoundation.com)**