## **ACADEMIC REPORT**



## UAW Region 9 - Thomas M. Fricano Scholarship Fund Region 9 United Auto Workers

To be completed by the principal, or a teacher or counselor designated by the principal (\*see below)

(COLLEGE Students: Please have completed by college -, information that applies)

(Please print clearly or type)		
Name of Scholarship Applicant _		
Name and address of school		
Name of person rating the applica	ant	
Position	Phone number	
(principal, counselor or teacher	Phone number  * & subject/ College Counselor or Teacher)	
	**************	*********
Applicant's class ranking	(number) in class of	(number) if applicable
Briefly indicate the academic and/or	character strengths of the applicant	
If applicable, indicate special needs	of applicant (scholastic or otherwise)	
Examples of special qualities (eg. lea	adership among peers, etc.)	
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Optional) Comments/special circumstances which may be of assistance to scholarship committee in evaluation of the andidate's application		
The information noted on this reno	rt was obtained from (check all appropriate	hoves)
☐ Personal knowledge	☐ Files and records	☐ Faculty comments
		·
DATE:		
SIGNATURE		

\*Instructions to Principal, teacher, etc. completing this report

- 1. Please return the completed report to the student as soon as possible. This report must be attached to the student's Scholarship Application and be postmarked to Region 9 UAW at 35 George Karl Boulevard, Amherst, NY 14221, no later than **July 7, 2017**
- 2. Please attach a copy of the student's academic transcript. (high school or college whichever applies)
- 3. If you have any questions regarding the completion of this report, please call Darcy Smith in the UAW Region 9 Office at \$\alpha\$716-632-1540 Extension 2014.