

**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 applicant \_\_\_\_\_

Position \_\_\_\_\_ Phone number \_\_\_\_\_  
(principal, counselor or teacher & subject/ College Counselor or Teacher)

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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. leadership among peers, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Optional) Comments/special circumstances which may be of assistance to scholarship committee in evaluation of the candidate's application

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The information noted on this report was obtained from (check all appropriate boxes)

Personal knowledge

Files and records

Faculty comments

Other - Specify \_\_\_\_\_

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 **June 30, 2021***
- 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 ☎716-632-1540 – Extension 2014.*