



# Pearls of Wisdom Foundation Scholarship Application

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## Guidance Counselor/Academic Advisor Recommendation Form

This form must be received or postmarked no later than 11:59PM on Tuesday, April 8, 2025. Completed forms may be submitted via email to [pearlsofwisdommorristown@gmail.com](mailto:pearlsofwisdommorristown@gmail.com), or via mail to Pearls of Wisdom Foundation, Inc., ATTN: 2025 Scholarship Committee, P.O. Box 2372, Morristown, New Jersey, 07932-2372.

Student Name: \_\_\_\_\_

GPA: \_\_\_\_\_ Class Size: \_\_\_\_\_ Rank: \_\_\_\_\_  not ranked

Please evaluate the student in the following categories on a scale of 1 (lowest) to 5 (highest):

Academic Performance .....	1	2	3	4	5
Intellectual Promise .....	1	2	3	4	5
Leadership .....	1	2	3	4	5
Motivation .....	1	2	3	4	5
Communication/Interpersonal Skills .....	1	2	3	4	5
Physical Presentation .....	1	2	3	4	5

Please list 3 words to describe the student:

\_\_\_\_\_

Counselor/Advisor Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_