**SHINING LIGHT**

**SCHOLARSHIP REVIEW**

1. MEASURING RESULTS
	1. Did the student accomplish the activity for which the scholarship was given?

* 1. If not, why, and were the funds returned to the Shining Light Foundation?
	2. How will the activity affect the student’s academic, cultural, or personal enrichment? (Please check all that apply).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Excellent  | Good  | Poor  | N/A  |   |   |
|   |   |   |   | 1)  | Knowledge gained from the activity  |
|   |   |   |   | 2)  | Bonding with classmates through shared experiences  |
|   |   |   |   | 3)  | Increased peer group identification and acceptance  |
|   |   |   |   | 4)  | Increased access to positive role models  |
|   |   |   |   | 5)  | Enhanced self-esteem  |
|   |   |   |   | 6)  | Potential for cultivation of interests and talents  |
|   |   |   |   | 7)  | Affirmation of community awareness and support  |
|   |   |   |   | 8)  | Avoid alienation and isolation  |
|   |   |   |   | 9)  | Plant seeds for cultivation of a generous spirit  |

1. Please note your comments and observations.
2. DO YOU HAVE SUGGESTIONS FOR IMPROVING THE EFFECTIVENESS OF THE SHINING LIGHT ORGANIZATION?