**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?