



WEST BABYLON FOOTBALL LEAGUE, INC.
P.O. Box 1321 - West Babylon, NY 11704

The Executive Board of the WBFL, Inc.

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**CHEERLEADING/FOOTBALL SCHOLARSHIP APPLICATION
 TEACHER/COACH EVALUATION FORM**

APPLICANT'S NAME _____

TEACHER/COACH'S NAME _____

The above named student has applied for the West Babylon Football/Cheerleading League Scholarship. Please evaluate this student on a scale of 1 to 5 (5 being the highest) on the following topics.

Sportsmanship	1	2	3	4	5
Consideration of others	1	2	3	4	5
Honesty	1	2	3	4	5
Responsibility	1	2	3	4	5
Loyalty	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Leadership	1	2	3	4	5
Personality	1	2	3	4	5

COMMENTS _____

SIGNATURE _____ DATE _____

All applications/forms must be returned to the West Babylon High School Guidance Office no later than: April 30, 2009. *The returned forms will be reviewed by the Executive Board of the WBFL, Inc. and will not be made available to any other person(s) or agency at any time.*