



Compare yourself to other students in your grade by putting checks in the grid below:

Self-Evaluation	Out-standing (1)	Excel-lent (2)	Good (3)	Average (4)	Below Average (5)	Comments (Optional)
My academic ability is						
My social skills are						
My writing ability is						
My study skills are						
My ambition is						
My judgment is						
My leadership is						
My athletic ability is						
My math ability is						
My creativity is						
My verbal ability is						
My reading ability is						

Each day you come into contact with situations and/or people that influence you and the choices you make. Describe in the space below, or on a separate piece of paper, a person or situation that has had either a negative or positive effect on you.

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**Pathways to College Associate Scholar Commitment:**  
 If accepted into the program, I agree to the following:

- To be responsible in all school classes and activities.
- To use and search out the resources that will bring me closer to achieving my educational and personal goals.
- To act in ways that show respect for myself and others at all times.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Commitment:** If my child is accepted as an Associate Scholar, I will take an active and constructive role in my child's education by attending relevant school meetings and being aware and supportive of his/her responsibilities. I give permission for the applicant to participate in photographs, films or interviews as they pertain to Pathways to College for the purpose of demonstrating the progress of Pathways to College students and promoting or publicizing the Pathways to College program. I also consent to allow the organization to obtain post-secondary enrollment information from the National Student Clearinghouse. I further understand that, if accepted, the applicant's name and address will be given to Partner Colleges of Pathways to College, but that *all other data about the applicant and the applicant's family is confidential and will be used only anonymously to help document the collective achievements of Pathways to College Scholars and Associate Scholars.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to:  
**Pathways to College  
 Programs Office  
 P.O. Box 2105  
 Middletown, NY 10940**