| Appli | cant's Name | Da | ate Graded by Rea | ader Reader's e | eSignature |
|-------|-------------|----|-------------------|-----------------|------------|
| 11 | | | | | 8 |



Blue Star Mothers of America, Inc. – Ohio Big Dipper Auxiliary 2024 Josephine Calenda Educational Assistance - Rubric



Please give anyone who has done an excellent job in each of the categories below a score of three (3).

Please give anyone who has done an average job or has some material missing a score of two (2).

Please give anyone who has done a below average job or has totally left out the required material a score of one (1) or zero (0).

We will go by numeric ratings; however, veterans and active duty are rated higher because they have fought for our country and our mission is mostly educating our military members. If you have any questions, the Committee Chair or our President will be able to answer them for you.

| Individual Score | Letter of | Essay Legible | Veterans or | BSMA Member or Related to | Miscellaneous |
|--|--|---|---|--|---|
| Per Item | Recommendation | And Complete | Active Duty | BSMA Member | Inclusions |
| | | | Military | | |
| Descriptors | 3-if it's a strong letter 2-if it's a good letter 1-if it's a passable letter 0-if letter is missing | 3-is an autobiographical essay with detailed explanation of "why you should be a recipient?" 2-is an autobiographical essay with an explanation of "why you should be a recipient?" 1-is an autobiographical essay OR an explanation 0-is missing | 3-if active duty or a veteran 2-if a child of active duty or a veteran 1-if a grandchild or a spouse of active duty or a veteran 0-none of the above (may only score on one line in this category) | 2-if a BSMA member in good standing or a child of a BSMA member in good standing or a child of a Blue Daisy 1-if a grandchild of a BSMA member in good standing or a grandchild of a Blue Daisy 0-none of the above (may only score on one line in this category) | 1-for Special Circumstances, if noted by applicant (such as severe family illness, a parent's death, their job loss or disability, or if the applicant is disabled or an Auxiliary Member). Only 1 point may be awarded regardless of the special circumstances |
| Place a score at the bottom of each column | | | | | |

| Total Score (Total Score will be between 0 and 12; total all five columns) | | | | | | |
|--|--|--------------------------------------|--|--|--|--|
| Date Received by Ohio Big Dipper President: | Signature of Ohio Big Dipper Presid | ent | | | | |
| ***Once the EAC chair completes t | the BD Report – form and application goes to t | he Big Dipper Recording Secretary*** | | | | |
| Date Congratulations/Regrets Letter sent | Date proof of enrollment received | Date award check mailed | | | | |