

Applicant's Name \_\_\_\_\_

Date Graded by Reader \_\_\_\_\_ Reader's eSignature \_\_\_\_\_



**Blue Star Mothers of America, Inc. – National Big Dipper Auxiliary 2026**  
**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, active duty and veterans 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 Per Item	Letter of Recommendation	Essay Legible And Complete	Active Duty Military & Veterans	BSMA Member or Child/Grandchild	Special Circumstances
Descriptors	<b>3</b> -if it's a strong letter <b>2</b> -if it's a good letter <b>1</b> -if it's a passable letter <b>0</b> -if letter is missing	<b>3</b> -is an autobiographical essay with detailed explanation of "why you should be a recipient?" <b>2</b> -is an autobiographical essay with an explanation of "why you should be a recipient?" <b>1</b> -is an autobiographical essay OR an explanation <b>0</b> -is missing	<b>3</b> -if active duty or a veteran <b>2</b> -if a child of active duty or a veteran <b>1</b> -if a grandchild or a spouse of active duty or a veteran <b>0</b> -none of the above  <i>(may only score on one line in this category)</i>	<b>2</b> -if a BSMA member in good standing or a child of a BSMA member in good standing or a child of a Blue Daisy <b>1</b> -if a grandchild of a BSMA member in good standing* or a grandchild of a Blue Daisy <b>0</b> -none of the above  <i>(may only score on one line in this category)</i> <small>*As defined in the BSMA Constitution</small>	<b>1</b> -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 National Big Dipper President: \_\_\_\_\_ Signature of National Big Dipper President \_\_\_\_\_

\*\*\*Once the EAC chair completes the BD Report – form and application goes to the Big Dipper Recording Secretary\*\*\*

Date Congratulations/Regrets Letter sent \_\_\_\_\_ Date proof of enrollment received \_\_\_\_\_ Date award check mailed \_\_\_\_\_

Amount of the award \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date Form 1099 mailed \_\_\_\_\_ (as necessitated by IRS guidelines)