



WASHINGTON STATE GRANGE

924 Capitol Way S. #300 · PO Box 1186 · Olympia, WA 98507-1186
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SCHOOL RECOMMENDATION CONFIDENTIAL REPORT ON APPLICANT

COMPLETED FORMS MUST BE RECEIVED IN OUR OFFICE NO LATER THAN APRIL 1ST.

EMAIL TO: grange@wa-grange.org

Note: All Emails shall have the name of the Applicant in the Subject Line.

Emailed Applications must still be signed. This can be a scanned signature or a 3rd party verified digital signature such as Doc-u-sign.

or

MAIL TO: Washington State Grange
Scholarship Committee
PO Box 1186
Olympia, WA 98507-1186

A. THIS PORTION TO BE COMPLETED BY APPLICANT: (Type or print in ink.)

Name of applicant:

First

Middle

Last

Home address: _____

_____ Zip Code _____

College attending _____ Major _____ Year _____

If still in high school, name of high school _____

HIGH SCHOOL STUDENTS:

This form should be given to your high school principal, counselor or teacher, not an immediate family member, to complete and return to the above address no later than April 1st. A **transcript** of your grades is also **REQUIRED**.

CURRENT COLLEGE STUDENTS:

If you are now attending college, please have a **professor or advisor**, not an immediate family member, complete this form. A **transcript** of your college grades is **REQUIRED**, along with this form, returned to the above address no later than April 1st.

NOTE: Current college students and/or online students may choose to substitute a letter of recommendation from an employer in place of the school recommendation.

B. THIS PORTION TO BE COMPLETED BY SCHOOL OFFICIAL:

School or College must fill out this portion of the application including the points scoring.

HIGH SCHOOL STUDENTS:

He/She (has satisfied/will satisfy) our graduation requirements with grades certifiable for college entrance.

Yes or No: _____

Applicant ranks _____ in a class of _____ students. Applicant's grade average: _____

Note: Class rank and grade average to be based on entire high school record to date. Grade point average to include ALL grades for three or four-year high school.

TO BE COMPLETED BY SCHOOL OR COLLEGE REFERENCE: A point rating of the personal qualifications of the applicant is **mandatory** for judging purposes. Your report and comments will be seriously considered when we rate the applicant.

POINTS: POOR 0, FAIR 2, GOOD 3, VERY GOOD 4, OUTSTANDING 5

TRAIT	POINTS	COMMENTS
Prompt & Prepared		
Performance		
Integrity		
Leadership		
Initiative		

To what degree do you recommend this applicant for a scholarship? (Check One)

Highly _____ Fair degree of confidence _____ With some doubt _____

Any further statement that you feel will provide information of value to the scholarship committee in considering the application will be appreciated.

Signature _____ **Date** _____

Title _____

School _____ **Principal's Name** _____
(If applicant is in High School)

School Address _____