

GRANGE RECOMMENDATION

CONFIDENTIAL REPORT ON APPLICANT FOR WASHINGTON STATE GRANGE SCHOLARSHIP

COMPLETED APPLICATIONS MUST BE RECEIVED NO LATER THAN APRIL 1ST.

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
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Home address. _____

_____ Zip Code _____

College attending _____ Major _____ Year: 1 2 3 4 (Circle one)

If still in high school, name of high school _____

Your Grange _____ Master's Name _____

Master's Address _____

NOTE TO APPLICANT: This form should be given to **your GRANGE** to complete.

(If you don't know who the Master of your Grange is, please contact the State Grange Office at the number above.)

B. THIS PORTION TO BE COMPLETED BY GRANGE REFERENCE:

It is recommended this form be completed by a non-family member.

1. Are you acquainted with the applicant? _____ For how long? _____
In what capacity? _____

2. Are you related to this applicant? _____ If so, how? _____

(OVER)

TO BE COMPLETED BY GRANGE REFERENCE: (continued)

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

	POINTS	COMMENTS
Prompt & prepared		
Performance		
Integrity		
Leadership		
Initiative		

3. To what degree do you recommend this applicant for a scholarship?

Highly _____ Fair degree of confidence _____ With some doubt _____

4. Please comment on abilities and accomplishments you know about:

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

Signature _____ Date _____

I am a member of _____ Grange in _____ County.

Title _____ Grange Member Since _____