#### SCHOOL RECOMMENDATION

# CONFIDENTIAL REPORT ON APPLICANT FOR WASHINGTON STATE GRANGE SCHOLARSHIP

## COMPLETED FORMS MUST BE RECEIVED IN OUR OFFICE 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
Home address.		
		Zip Code
College attending	Major	Year 1 2 3 4 (Circle one)
If still in high school, name of high scho	ool	
HIGH SCHOOL STUDENTS: This fo not an immediate family member *, to comp transcript of your grades is also REQUIRI	plete and return to the above	r high school principal, counselor or teacher, ve address no later than April 1st. A
CURRENT COLLEGE STUDENTS: Currecommendation from an employer in place		
B. <u>THIS PORTION TO BE COMPLE</u>	ETED BY HIGH SCHO	OOL OFFICIAL:
He/She (has satisfied/will satisfy) our gradu	nation requirements with gr	ades certifiable for college entrance.
Applicant ranks in a class of (Class rank and grade average to be based of ALL grades for three or four-year high school.)	n entire high school record	

NOTE: School or college must fill out both sides of the application including the points scoring.

**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.

(OVER)

**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 <u>0</u>, FAIR <u>2</u>, GOOD <u>3</u>, VERY GOOD <u>4</u>, OUTSTANDING <u>5</u>

To what degree do you r	recommend this applicant for a se	cholarship?
Highly	Fair degree of confidence	With some doubt
considering the applicati	on will be appreciated.	nation of value to the scholarship committee in
Signature		Date
Title		_
School		Principal's Name(If applicant is in High School)

School Address