



Kranz Scholarship Recommendation Form

Student Name _____

Application requires a minimum of **one Recommendation Form and Letter of Recommendation** from a Davis High School employee. In order to be accepted, both must be mailed/mailed directly to CWCF by the individual recommending the student. **Recommendation must be submitted/postmarked by April 1.**

- The applicant's achievements reflect his/her ability
Extremely well Very well Moderately well Not well
- The applicant's ability to set realistic and attainable goals is
Excellent Good Fair Poor
- The quality of the applicant's commitment to school and community is
Excellent Good Fair Poor
- The applicant is able to seek, find, and use learning resources
Extremely well Very well Moderately well Not well
- The applicant demonstrates curiosity and initiative
Extremely well Very well Moderately well Not well
- The applicant demonstrates good problem-solving skills, follows through, and completes tasks
Extremely well Very well Moderately well Not well
- The applicant's respect for self and others is
Excellent Good Fair Poor
- In your opinion, how would you rate the student's level of need for additional financial assistance? (Please take into account any scholarships or financial aid of which you are aware.)
High Need Moderate Need Some Need No Need

Reference Name _____ Title _____

Signature _____ Date _____

Phone _____ Email _____

Relationship with applicant and years known _____