



Kranz Scholarship Recommendation Form

Student Name _____

Application packet requires a minimum of one Letter of Recommendation and a Kranz Scholarship Recommendation Form from a Davis High School Employee. The packet can be mailed or emailed directly to CWCF by the submitting Davis High School Employee or mailed, emailed or uploaded by the applicant. **The recommendation must be submitted/postmarked by April 30th.**

- 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 need for additional financial assistance?

(Please consider any scholarships or financial aid you are aware of.)

High Need Moderate Need Some Need No Need

Reference Name _____ Title _____

Signature _____ Date _____

Phone _____ Email _____

Relationship with applicant and years known _____