NEW YORK STATE GRANGE
Scholarship Funds
100 Grange Place
Cortland NY 13045
Telephone: (607) 756-7553
Fax: (607) 756-7757

SCHOOL EVALUATION

PLEASE NOTE CAREFULLY: This form should be filled out by the Principal or Superintendent of the high school from which the student is to be graduated, (or by your college advisor) and should be mailed directly to the New York State Grange. Recommendations should be submitted as early as possible after seven semesters of high school work have been completed. Please answer all questions.

This form is the confidential property of the New York State Grange Scholarship Foundation.

PLEASE ATTACH THE FOLLOWING:

1. Copy of candidate’s high school transcript and/or college transcript. (College freshmen should provide both)
2. Test results such as PSAT, SAT, ACT etc.
3. Record of student’s extra-curricular activities, honors, prizes received.
CONFIDENTIAL INFORMATION

Name of Candidate

Home Address

Name of High School/College

Date of Graduation

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Please rate the candidate by checking the appropriate column:

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<thead>
<tr>
<th></th>
<th>High</th>
<th>Average</th>
<th>Low</th>
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<tbody>
<tr>
<td>Capacity to study without guidance</td>
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<tr>
<td>Ability to think independently</td>
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<td>General intelligence</td>
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<td>Industry</td>
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<td>Seriousness of purpose</td>
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<td>Ambition</td>
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<td>Enthusiasm</td>
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<td>Leadership</td>
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<td>Personality, social adaptability</td>
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<td>Participation in student life</td>
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Complete the following for high school students:

Student’s average/GPA

Number in graduating class

Rank of applicant in class

Weighted _______ yes _______ no

The passing grades of the school are

The grades required for recommendation to college are
Name of Candidate

Please use this space for additional statements you wish to make about the applicant.

Date

Signature of Principal/Advisor