

**COMMUNITY SCHOLARSHIP RECOMMENDATION FORM
CENTRAL PLAINS HIGH SCHOOL - CLAFLIN**

Applicant: _____ is applying for a Community Scholarship.
Please give us your candid opinion of this applicant's qualifications. All information will be kept confidential. Please place in an envelope and mail to the Community Scholarship Committee, Box 541, Claflin, Kansas 67525, **or** return to the Central Plains High School Counselor. Please return by **Tuesday, April 2, 2024**.

How long have you known the applicant? _____

In what relationship have you known the applicant (i.e. teacher, counselor, administrator, employer, friend)? _____

What do you consider the applicant's strongest characteristics and why?

What traits does the applicant have that might impact his/her success in post-secondary education?

Please rate the applicant in the following areas using the ratings: *Excellent, Very Good, Good, Fair, Poor, or Not Applicable.*

- Scholarship in your class(es) _____
- Reliability/Dependability _____
- Honesty _____
- Motivation/Initiative _____
- Ability to Work With Others _____
- Attendance _____
- Ability to Start Tasks Promptly _____
- Ability to Work Independently _____

Kindly give us further information that you have about this person that will help us to decide upon the applicant's suitability for this scholarship. If additional space is necessary, the reverse side of this form may be used.

DATE _____ SIGNATURE _____