

First United Methodist Church

201 Dayton Avenue
Collingswood, New Jersey 08108

STUDENT SCHOLARSHIP REFERENCE FORM

Applicant's Name: _____

Reference's Name: _____

1. How long have you known the applicant? _____ In what capacity? _____

2. Do you know him/her to be a well-balanced Christian? _____ If not, please explain.

3. Has he/she any outstanding abilities? Please explain. _____

4. Is he/she cooperative with others? _____

5. Is he/she active in sharing his/her faith? _____

6. Can you comment on the spiritual tone of his/her family? _____

7. Do you know anything about the applicant's character which you feel would disqualify him/
her for a financial scholarship? _____ If so, please explain. _____

PLEASE COMPLETE THE FOLLOWING RATING SCALE:

	Outstanding	Above Average	Average	Fair	Unsatisfactory
1. Attitude toward authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Spiritual maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Church/ Youth involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Leadership characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional information below:

 APPLICANT

 REFERENCE SIGNATURE

 DATE