

**First United Methodist Church    ATTN: Scholarship Committee**

201 Dayton Avenue, Collingswood, New Jersey 08108

Email: maria@fumccollingswood.org

Fax: 856-858-1775

---

**STUDENT SCHOLARSHIP APPLICATION**  
***Christian Leader Reference Form***

*This reference form is part of a scholarship application process with First United Methodist Church. Our applicants are asked to get one reference from a Christian leader (such as a pastor, youth director, campus ministry leader, or ministry supervisor) who knows them well. Please fill out the information below and return to the church at any of the options above. Thank you for your time and investment in our students!!*

Applicant's Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_

Reference's Email: \_\_\_\_\_

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. Does the applicant have any outstanding abilities? \_\_\_\_\_

\_\_\_\_\_

4. Is he/she cooperative with others? \_\_\_\_\_

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

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'S NAME

\_\_\_\_\_  
REFERENCE SIGNATURE

\_\_\_\_\_  
DATE