

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

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**STUDENT SCHOLARSHIP APPLICATION**

***Personal Reference Form***

*This reference form is part of a scholarship application process with First United Methodist Church. Our applicants are asked to get one personal reference from someone who knows them well, such as a teacher, church member, or coach. 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 person? \_\_\_\_\_ If not, please explain.

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

5. How have you seen him/her handle any responsibilities he/she has been given? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. 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. Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Service	<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