

Shenandoah District of The Wesleyan Church Scholarship Reference Form

APPLICANT'S NAME: _____

YOUR NAME: _____ PHONE: _____

ADDRESS: _____

Street or Route & Box Number

City

State

Zip

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

PLEASE ESTIMATE THE EXTENT TO WHICH THE STUDENT HAS DEMONSTRATED THE QUALITIES LISTED BELOW:

(Scale: 4 = Superior 3 = Good 2 = Fair 1 = Poor 0 = No opportunity to observe)

a. Models a Christ-like attitude	4	3	2	1	0
b. Level of Christian commitment	4	3	2	1	0
c. Participation in Church activities	4	3	2	1	0
d. Genuine concern for others	4	3	2	1	0
e. Acceptance of others	4	3	2	1	0
f. Intellectual curiosity	4	3	2	1	0
g. Leadership	4	3	2	1	0
h. Willingness to work to make one's community a better place	4	3	2	1	0
i. Attitude toward learning	4	3	2	1	0
j. Ability to get along with peers	4	3	2	1	0
k. Ability to get along with adults	4	3	2	1	0
l. Initiative	4	3	2	1	0
m. Maturity	4	3	2	1	0
n. Your estimate of the applicant's ability to complete the chosen program of study.	4	3	2	1	0

Please Complete and Return to:
Shenandoah District Center
P.O. Box 7165
Roanoke, VA 24019