



2018 SCHOLARSHIP APPLICATION
MINISTRY PERSONAL RECOMMENDATION FORM
(for returning college students)

Student's Name: _____

Submission Deadline is April 2.

To The Scholarship Applicant: This Recommendation Form is to be completed by a college ministry or church leader who is familiar with the applicant's involvement in ministry/church life while in college. Only one recommendation is required; however, applicants are permitted to submit more than one. This recommendation is to be returned directly to the First United Methodist Church by the one making the recommendation. It should not be returned to the applicant for submission.

To the Ministry Leader Completing the Recommendation: Thank you for taking the time to assist us with evaluating this student's merits for consideration for this scholarship. One of the criteria used to determine eligibility is the student's involvement in church and ministry while in college. Please answer the specific questions on this form. You may use additional pages if necessary. Failure to return this form by the deadline may jeopardize the student's eligibility for a scholarship award. Please do not return the form to the student but return it directly to the Church:

Email to: Larryw@fumcallen.org

Mail to: First United Methodist Church

Fax to: 469.854.3701

Attn: Scholarship Committee

601 S. Greenville Ave.

Allen, TX 75002

1. How long have you known the student and in what capacity?
2. What are the first words that come to mind in describing this student?
3. Please describe the ministry/church activities in which the student is involved, including level of involvement, details of the student's work, and duration and/or consistency of involvement.
4. Please describe the student's strengths, gifts, and leadership abilities he/she has demonstrated in your ministry.
5. Is there anything else the committee should take into consideration for this applicant?
6. Relative to other students in your ministry, how would you rate this student?
 Excellent Good Average Below Average

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone Number: _____

Email: _____