

**HIGH SCHOOL OR COLLEGE REFERENCES**  
**Alabama District Council Scholarship – Deadline: March 31, 2019**

**To be completed by APPLICANT:**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

WAIVER FORM: I, \_\_\_\_\_ the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-280 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file will be addressed.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**Everything below be completed by HIGH SCHOOL, COLLEGE, or GRADUATE SCHOOL REFERENCE:**

(please check)	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Known</u>
Emotional Stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Religious life	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____

In what way have you been associated with the applicant? (Principal, counselor, teacher, etc.) \_\_\_\_\_

How long have you been acquainted with the applicant? \_\_\_\_\_

Would you recommend this person, without reservation, for a college scholarship? \_\_\_\_\_ If "no," please explain on the reverse side.

To your knowledge, does the applicant use alcohol, tobacco, or illegal drugs? \_\_\_\_\_

PLEASE SEND A TRANSCRIPT of the applicant's work with this reference. In addition to the transcript, please complete this section.

Rank in class: Number \_\_\_\_\_ in a class of \_\_\_\_\_ students. GPA \_\_\_\_\_ on a scale of \_\_\_\_\_

If available, has applicant taken weighted honors courses? Yes \_\_\_\_\_ No \_\_\_\_\_ Not available \_\_\_\_\_

On the other side of this sheet please give any comment that you think would be of assistance in considering this applicant for a scholarship.

Standardized Test Scores

<u>Name of Test</u>	<u>Date Administered</u>	<u>Raw Score</u>	<u>Percentile</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature \_\_\_\_\_ Title \_\_\_\_\_

Please Print Your Name \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**PLEASE MAIL or EMAIL COMPLETED FORM by MARCH 31, 2019 to [dsharp@adcag.org](mailto:dsharp@adcag.org), [msharp@adcag.org](mailto:msharp@adcag.org), OR Alabama Assemblies of God District Office - 5919 Carmichael Road - Montgomery, AL 36117-2507**