

**PASTOR'S REFERENCE**  
**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 \_\_\_\_\_

\*\*\*\*\*

**Everything Below To be completed by PASTOR:** \*If you are a relative of the applicant, please have another pastoral staff person or a member of the church board complete this form.

Dear Pastor:

We believe that you are interested in the future of the young person from your church named above. He/She is applying for one of the tuition scholarships in the Alabama District Council of the Assemblies of God. Your cooperation in answering a few questions will be of great value in helping us to evaluate this application. A prompt reply will be deeply appreciated and held in confidence. Please note it is due by **March 31, 2019.**

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

Briefly describe why you believe the applicant is an outstanding member of your church and qualified for this scholarship.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe ways this person exhibits a consistent Christian witness. \_\_\_\_\_

\_\_\_\_\_

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

On the reverse side of this form: 1) Please make a brief statement as to the financial status of the applicant (Finances can be a factor, among others, in awarding this scholarship); 2) Please make additional helpful comments that will assist the committee in considering this applicant for a scholarship.

Do you endorse this applicant without reservation? Yes \_\_\_\_\_ No \_\_\_\_\_ If "no," please explain on the reverse side.

| (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 | _____            | _____       | _____       | _____       | _____            |
| Church Involvement    | _____            | _____       | _____       | _____       | _____            |
| Spiritual life        | _____            | _____       | _____       | _____       | _____            |

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

Please print your name \_\_\_\_\_ Date \_\_\_\_\_

Name of church \_\_\_\_\_ District \_\_\_\_\_

Address of church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Your 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**