



GRACE FELLOWSHIP SCHOLARSHIP APPLICANT REFERENCE FORM

The person named below has applied to the ARKANSAS BAPTIST FOUNDATION for a Grace Fellowship Scholarship and has given your name as a reference. We would appreciate you filling out this reference form and giving us your frank appraisal of this person. This information will help us evaluate the applicant. Your appraisal will be held in complete confidence. Thank you for assisting us. **Please return the form within two weeks.**

NAME OF APPLICANT _____

1. Give approximate dates during which you were closely associated with the applicant. _____ to _____.

_____ I do not know this person well enough to respond.

2. Under what circumstances have you known the applicant? (Ex. pastor, teacher, employer, friend, etc.):

3. Does the applicant have any objectionable habits? ___Yes ___No

Please comment: _____

4. Rate the applicant's prospective performance in a vocational Christian ministry. (Check one)

___Below Average ___Above Average ___A Rare Find

___Average ___Excellent

5. The applicant's religious experience/commitment is: (Check one or more)

___Relatively superficial ___Profound

___Over-emotional ___Contagious

___Growing, Healthy ___Other (Explain)

6. Do you feel the applicant is a worthy representative of Christian ideals? _____Yes _____No

7. Please give additional facts or comments that may help evaluate the applicant.

(over)

8. Please rate the applicant with respect to each of the listed qualifications. Compare this student with other persons you know who are active in church or a religious program. Please do not check if you have no opportunity to observe, or if you feel uncertain.

QUALIFICATIONS	LOW	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	HIGH
DEPENDABILITY					
EMOTIONAL STABILITY					
LEADERSHIP					
INTELLIGENCE					
SOCIAL ACCEPTANCE					
PERSONAL APPEARANCE					
RESPONSIVENESS TO OTHERS					

9. Based upon the Scholarship guidelines for the applicant to be orphaned or abandoned and neglected as a child, can you confirm this to be true? ____ Yes ____ No ____ Unknown
10. If you were making the decision, would you grant this person a scholarship? ____ Yes ____ No
 Comment if you desire: _____

DATE _____

SIGNATURE _____

ORGANIZATION _____

POSITION _____

Please return the completed form to the Arkansas Baptist Foundation, 10117 Kanis Rd., Little Rock, AR 72205.