

# Mandy Coats Memorial Scholarship Fund

## REFERENCE FORM

To be completed by **two references (make a 2<sup>nd</sup> copy or print twice)** and mailed directly to the Mandy Coats Memorial Scholarship Fund, c/o Christian Ministry Services, 10117 Kanis Road, Little Rock, Arkansas, 72205.

**THIS REFERENCE IS DUE April 1.** Please type or print legibly in black ink.

**Applicant's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your name:** \_\_\_\_\_

**Your Address:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_

Reference type – please check one of the following:

Reference Type <input type="checkbox"/> Minister (Position: _____) <input type="checkbox"/> Other Relationship (Specify: _____)
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**How long have you known the applicant?** \_\_\_\_\_ years \_\_\_\_\_ months

**Please rank the applicant on a scale of 1-10, with 10 being the highest, in the following areas (if you have knowledge in that area) and add any desired comments. You may attach an actual letter of reference if that would be your preference.**

**Personal Honesty and Integrity:** 1 2 3 4 5 6 7 8 9 10 N/A

Comments: \_\_\_\_\_

**Work Ethic:** 1 2 3 4 5 6 7 8 9 10 N/A

Comments: \_\_\_\_\_

**Appearance:** 1 2 3 4 5 6 7 8 9 10 N/A

Comments: \_\_\_\_\_

**Commitment to Christ and local church involvement:** 1 2 3 4 5 6 7 8 9 10 N/A

Comments: \_\_\_\_\_

**Active in Bible Study/Faithful In Attendance:** 1 2 3 4 5 6 7 8 9 10 N/A

Comments: \_\_\_\_\_

**Financial Need:** 1 2 3 4 5 6 7 8 9 10 N/A

Comments: \_\_\_\_\_

**Academic Potential:** 1 2 3 4 5 6 7 8 9 10 N/A

Comments: \_\_\_\_\_

**Community/Extra Curricular Involvement:** 1 2 3 4 5 6 7 8 9 10 N/A

Comments: \_\_\_\_\_

**Family Background:** 1 2 3 4 5 6 7 8 9 10 N/A

Comments: \_\_\_\_\_

**Reference Signature:** \_\_\_\_\_