

Red River Baptist Association Seminary Scholarship Reference Form

The person named below has applied to the RED RIVER BAPTIST ASSOCIATION for the Seminary 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. 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 Red River Baptist Association, PO Box 396, Arkadelphia, AR 71923