

UVF Southern Latin District Scholarship Pastoral Recommendation Form

Applicant's Name: _____ **Applicant's Signature:** _____

Thank you for your willingness to serve as a recommender. Your candid assessment of the strengths of this student will weigh heavily in the Selection Committee's decision. Please consider your answers carefully, and type or write legibly.

Return completed form to Financial Services Office.
Fax: 610-917-2069 or email: financialservices@valleyforge.edu by July 15, 2020.

1. How long and in what capacities have you known the applicant?

2. Please rate the student in the following areas. (Please mark an X in the appropriate box.)

	Excellent	Above Average	Average	Below Average	No Chance to Observe
Church Engagement					
Spiritual Influence on Peers					
Christian Commitment					
Leadership					
Responsibility					
Cooperativeness					
Integrity and Honesty					
Relationship with Family					
Social Adaptability					

3. Please comment on any other attributes of this applicant that might be relevant (e.g. home, school, congregation, future ministry aspiration, etc.).

Recommender's Signature: _____

Recommender's Name: _____

Congregation: _____ Title: _____

Address: _____ Phone: _____

City, State, Zip: _____ Email: _____