**SCHOLASTIC REFERENCE**

**CONFIDENTIAL**

**Page 1 of 2**

Florida District

United Pentecostal Church

5011 NW Gainesville Rd

Ocala, FL 34475-7205

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student who has given you this reference is applying for a scholarship provided by the Florida District United Pentecostal Church Ladies Ministry Department. Your prompt reply is deeply appreciated and will be held in strictest confidence. Please enclose a transcript of the applicant’s grades with this form and mail to the address below by **February 5**.

Upon completion, please mail to: Florida District Ladies Ministry Secretary

Corliss T. Williams Bible College Scholarship

5011 NW Gainesville Rd

Ocala, FL 34475-7205

How long have you known the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Attended School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA (4.00 scale) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diploma or Degree earned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please evaluate the student in the following areas:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Top 10%** | **Above Average** | **Average** | **Below Average** | **Inadequate Opportunity to Evaluate** |
| Moral Character |  |  |  |  |  |
| Respect for Authority |  |  |  |  |  |
| Respect for Peers |  |  |  |  |  |
| Leadership Qualities |  |  |  |  |  |
| Cooperative |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Personal Development |  |  |  |  |  |
| Personal Responsibility |  |  |  |  |  |
| Personal Initiative |  |  |  |  |  |
| Emotional Stability |  |  |  |  |  |
| Personal Appearance |  |  |  |  |  |

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

School Representative’s Signature Date

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

Title

**IMPORTANT:** In order for this applicant to be considered, our office must receive this complete**d form by 5 p.m. on February 5.**