

SCHOLARSHIP PASTORAL EVALUATION

TO APPLICANT: Please fill out the top portion of this form and give to the person filling out this evaluation.

Name of Applicant				Date
Permanent Address: Number & Street	City/State	Zip Code	Country	
Home Telephone	Email Address	Expected Year & Term Enrollment		

The statements on this reference will be kept confidential. We request that you sign the following statement to allow your evaluator greater freedom in his/her response.

• I understand that this confidential statement will be submitted to the Scholarship Committee at Central Region of Open Bible Church, and its contents will not be shared with me. This information will be used for Scholarship Committee purposes only. I hereby waive my right to see this evaluation. I realize that this waiver is not required as a condition of Application. I am allowing the following information to be released on my behalf by the person who is completing this form. •

Applicant's Signature _____

TO THE EVALUATOR: The above named person is applying for scholarships through Central Region of Open Bible Churches. Your cooperation in completing this reference form will be greatly appreciated. *Frank comments will be helpful.*

The completed form should be mailed directly to Central Region.

How long have you known the applicant? _____ What is your relationship to the applicant? _____

How well do you know the applicant? Close Personal Relationship Fairly Well Casually By Name Only

Do you observe evidence that the applicant lives a consistent Christian lifestyle?

Yes No I Don't Know No or I don't know, Please Explain

What are the applicant's strong points or gifts?

In what areas of service has the applicant been active?

Please rate the applicant in the following areas by circling the appropriate number. If you are unable to provide information on a specific area, please leave blank.

	1-Poor	2-Below Average	3- Average	4- Above Average	5- Superior
Leadership Potential	1	2	3	4	5
Social Skills	1	2	3	4	5
Spiritual Conduct	1	2	3	4	5
Moral Character	1	2	3	4	5
Christian Commitment	1	2	3	4	5
Academic Motivation	1	2	3	4	5
Seriousness of Purpose	1	2	3	4	5
Concern for Others	1	2	3	4	5
Ministry Potential	1	2	3	4	5
Financial Responsibility	1	2	3	4	5

Please give any further comments you might have regarding the applicant that would help in our evaluation (Attach additional page if needed).

EVALUATORS INFORMATION:

First Name	Last Name	Title
Church/School/Company Name		
Mailing Address: Name & Street	City/State	Zip Code
Daytime Phone		
Signature	Date	

Please mail or email this evaluation directly to:

Central Region of Open Bible

1920 Bell Ave, Des Moines, IA 50315

info@openbiblecentral.org

Fax = 515-282-9216