

High School Reference
2017 General Superintendent's National Scholarship
The General Council of the Assemblies of God

To be completed by APPLICANT:

Applicant's Name _____

Address _____ City _____ State _____ Zip _____

WAIVER FORM: I, _____ the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file may be addressed.

Date _____ Signature _____

To be completed by HIGH SCHOOL REFERENCE:

Dear Friend:

The student who has given you this form is applying for a college scholarship provided by the General Council of the Assemblies of God. An early reply from you or the person you designate will be deeply appreciated and will be held in strictest confidence. The student must supply you with the name and address of the person to whom you are to send this form. Due Date: **February 17, 2017**. Please indicate your estimate of the following.

<u>(Please check)</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Unknown</u>
Emotional stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Religious life	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____

1. In what way have you been associated with the applicant? (Principal, counselor, teacher, etc.) _____
2. How long have you been acquainted with the applicant? _____
3. Would you recommend this person, without reservation, for a college scholarship? ____ If "no," please explain on the reverse side.
4. To your knowledge, does the applicant use alcohol, tobacco, or illegal drugs? _____
5. **PLEASE SEND A TRANSCRIPT** of the applicant's work with this reference. In addition to the transcript, please complete this section.
 - a. Rank in class: Number _____ in a class of _____ students. Unweighted GPA on a 4.0 scale? _____ /4.0
 - b. If available, has applicant taken weighted honors courses? Yes _____ No _____ Not available _____.
6. On the other side of this sheet please give any comment that you think would be of assistance in considering this applicant for a scholarship.

7. Standardized Test Scores

<u>Name of Test</u>	<u>Date Administered</u>	<u>Raw Score</u>	<u>Percentile</u>
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

Signature _____ Title _____

Please print your name _____ Date _____

**Please return completed form to the office of the AG Trust by
 February 17, 2017. It is the student's responsibility to give you the name and address.**