

Pastor's Reference*
2017 General Superintendent's National Scholarship
The General Council of the Assemblies of God

To be completed by APPLICANT:

Applicant's name _____

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 PASTOR: ***If you are a relative of the applicant, please have another pastoral staff person or a member of the church board complete this form.**

Dear Pastor:

We believe that you are interested in the future of the young person from your church named above. He/She is applying for one of the tuition scholarships provided by the General Council of the Assemblies of God, sponsored by AG Trust and The Alliance for AG Higher Education. Your cooperation in answering a few questions will be of great value in helping us to evaluate this application. A prompt reply will be deeply appreciated and held in confidence. Please note the reference is due by **February 17, 2017**.

1. How long have you been acquainted with the applicant? _____

2. Briefly describe why you believe the applicant is an outstanding member of your youth group and qualified for this scholarship.

3. Describe ways this person exhibits a consistent Christian witness. _____

4. To your knowledge, does the applicant use alcohol, tobacco, or illegal drugs? _____

5. Please make a brief statement on reverse side as to the financial status of the applicant. (Note: Finances can be a factor, among others, in awarding this scholarship.)

6. Please make additional helpful comments on the reverse side of this form that will assist the committee in considering this applicant for a scholarship.

7. Do you endorse this applicant without reservation? Yes _____ No _____ If "no," please explain on the reverse side.

<u>(Please check)</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Not Known</u>
Emotional stability	_____	_____	_____	_____	_____
Personal appearance	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____
Respect for authority	_____	_____	_____	_____	_____
Church involvement	_____	_____	_____	_____	_____
Spiritual life	_____	_____	_____	_____	_____

Signature _____ Title _____

Please print your name: _____ Date _____

Name of church _____ District _____

Address of church _____ City _____ State _____ Zip _____

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.