

**ALABAMA MINISTRY NETWORK of the ASSEMBLIES OF GOD – 2024 SCHOLARSHIP APPLICATION
HIGH SCHOOL, COLLEGE, GRADUATE SCHOOL EDUCATIONAL REFERENCE**

Deadline: February 16, 2024

Top portion 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 93-280 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 will be addressed.

Date _____ Signature _____

Everything Below To be completed by HIGH SCHOOL, COLLEGE, or GRADUATE SCHOOL REFERENCE:

<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	_____	_____	_____	_____	_____
Religious life	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____
Class Attendance	_____	_____	_____	_____	_____

In what way have you been associated with the applicant? (Principal, counselor, teacher, etc.) _____

How long have you been acquainted with the applicant? _____

Would you recommend this person, without reservation, for a college scholarship? _____ If "no," please explain on the reverse side.

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

PLEASE SEND A TRANSCRIPT of the applicant's work with this reference. In addition to the transcript, please complete this section.

Rank in class: Number _____ in a class of _____ students. GPA _____ on a scale of _____

If available, has applicant taken weighted honors courses? Yes _____ No _____ Not available _____

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.

Standardized Test Scores

<u>Name of Test</u>	<u>Date Administered</u>	<u>Raw Score</u>	<u>Percentile</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE PRINT: Your name _____ Your position _____

School / College _____ City _____ State _____

Your Phone _____ Your Email Address _____

YOUR SIGNATURE: _____ **DATE:** _____

**PLEASE MAIL or EMAIL COMPLETED FORM by February 16, 2024 to jharris@amnag.org,
OR Alabama Ministry Network of the Assemblies of God - 5919 Carmichael Road - Montgomery, AL 36117-2507**