

Pastor's Evaluation For the Southern Illinois District Scholarship Fund

Return form by June 15 to the Southern Illinois District Office ATTN: Scholarship Committee at
2408 Lebanon Ave. Belleville, IL 62221

The following named applicant is a member of your congregation and is applying for a scholarship grant from the Southern Illinois District. To assist the committee in evaluating this applicant, please complete the questions below.

No grant will be awarded without this character reference from the applicant's pastor.

Name of Applicant: _____

Address: _____

School applicant will attend: _____

How many years have you known the applicant? _____

What personal characteristics of the applicant make him/her a suitable candidate for the professional ministry of the church? _____

In which areas of congregational life has the applicant been engaged in recent years?

Sunday School Teacher Youth activities VBS Choir Officer

Other (specify): _____

Applicant's attitude toward his/her educational responsibilities:

Positive Fair Poor Unknown

Does your knowledge of the financial situation of the family indicate a need for a scholarship grant? Yes No

Does your congregation offer financial assistance for future professional church workers?

Yes No

Has the applicant been advised to make use of such assistance if available? Yes No

Additional remarks: _____

Signed: _____ Date: _____