

**ALEXANDER CHRISTIAN FOUNDATION SCHOLARSHIP
MINISTER EVALUATION**

Student's Name _____

Reference Please complete this form and return it to ACF (**DO NOT** give to applicant) at:

acfiowa@gmail.com

Must be received by February 1.

Compared to his/her peers, how do you rate this applicant in terms of:

4-Excellent	3-Good	2-Average	1-Poor	n/a-No Basis for Evaluation
Christian Character			Home Life	
Responsibility/Reliability			Integrity/Honesty	
Spiritual Maturity			Respect for Authority	
Emotional Maturity			Concern for Others	
Leadership			Discretion with the Opposite Sex	
Social Skills			Church Participation	

Please comment on the applicant's commitment to Jesus Christ. _____

Give a brief statement about the applicant's family background that would help us better understand him/her. _____

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Has there been any evidence of criminal or social problems? _____

How long have you known this student and how familiar are you with him/her? _____

Additional Comments: Please share whatever you think is important about this student (e.g., areas where the student may need special attention, unusual strengths). _____

I recommend this student: (please check appropriate answer)

_____ enthusiastically _____ without significant reservation _____ with mild reservation
_____ with significant concern _____ not at all

Name _____

Title _____ Date _____

Church Name _____

Church Address _____

City _____