AZUSA PACIFIC UNIVERSITY

Kern Center for Vocational Ministry

Recommendation Form

vo·ca·tion

Please complete all sections using BLACK INK.

2009 – 2010 School Year

Student Applicant's Last Name _____ First Name _____ Middle Initial _____ APU ID Number (if applicable) _____

In what capacity and for how long have you known the applicant?

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Please tell us why you would recommend this student for the Kern Scholarship.

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Signature _____ **Date** _____

Print Name _____ **Email address** _____ **Telephone** _____

Please return this form immediately to the address below.

Kern Center for Vocational Ministry • Azusa Pacific University
PO Box 7000 • Azusa, CA 91702-7000 • Phone (626) 387-5749 • Fax (626) 815-5470 • www.apu.edu • ministryasvocation@apu.edu