AZUSA PACIFIC UNIVERSITY

Kern Center for Vocational Ministry
Scholarship Recommendation Form

vo·ca·tion

Please complete all sections using BLACK INK. You may attach your responses to the questions. **2010 – 2011 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.

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