Pastor/Church Leader Reference

Applicant’s name ______________________ Phone (_______)_____________________

INSTRUCTIONS FOR THE APPLICANT

Complete the information above and the waiver section below. Give this form to an appropriate person who is familiar with your Christian commitment.

INSTRUCTIONS FOR THE EVALUATOR

The person whose name appears above has applied for the Trustees’ Scholarship at Azusa Pacific University for fall 2018. This full-tuition scholarship recognizes Christian scholars who have consistently demonstrated high academic achievement. We would greatly appreciate your candid appraisal of the applicant.

As required by the Family Educational Rights and Privacy Act of 1974, a student may either elect to waive or retain the privilege of viewing this reference form. If the student has not waived that right in the section below, you should consider this form to be nonconfidential.

Please complete the reverse side of this form; item four should be addressed on your church’s/organization’s letterhead.

Upon completion of your reference, please place the form in an envelope, seal it, and return it to the applicant. Please know that the applicant must return the application with references by November 15, 2017.

Waiver Section

To the applicant: You may either waive or retain your rights to inspect your reference letter and/or form. Please indicate your preference below.

I understand that this reference concerning me is to be received and maintained in confidence by Azusa Pacific University and will be used to evaluate my eligibility for the Trustees’ Scholarship. I hereby expressly waive any and all rights I might have to this document under the Family Educational Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and any/all other laws, regulations, or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter and/or form, the right to have a copy made for my use, and the right to request an amendment of this letter and/or form.

CHECK ONE OF THE FOLLOWING STATEMENTS:

☐ I waive the right provided by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) to view this letter and/or form of reference in my file at Azusa Pacific University.

☐ I do not waive this right. Rather, I wish to retain the right to view this letter and/or form in my file at Azusa Pacific University.

Applicant’s signature __________________________ Date ________________________
1. How long have you known the applicant? 

2. How well do you know the applicant? □ Very well □ Well □ Casually 

3. In what capacity have you known the applicant? 

4. On your church’s/organization’s letterhead, please respond to the following:
   - Do you believe the applicant has a personal relationship with Jesus Christ? Please explain your answer.
   - Please list ways in which the applicant has demonstrated leadership in your church/organization. Include examples of strengths and unique skills.
   - Do you believe the applicant possesses the necessary qualities to succeed at a Christian college? (Please answer YES or NO and explain your response.)

5. Please assess, by a check mark, the applicant relative to other students whom you have known in a similar capacity.

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<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unable to judge*</th>
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<tbody>
<tr>
<td>Ability to work with others</td>
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<td>Creativity/originality/resourcefulness</td>
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<td>Emotional maturity</td>
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<td>Judgment</td>
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<td>Leadership</td>
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<td>Motivation/initiative</td>
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<td>Perseverance</td>
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<td>Spiritual maturity</td>
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“If unable to judge, please clarify: ____________________________________________

6. What is your overall recommendation?
   □ Strongly recommend
   □ Recommend
   □ Recommend with some reservation (please explain): ____________________________
   □ Do not recommend (please explain): _________________________________________

Evaluator’s name (please print) ______________________________________________
Position/title ______________________________________________________________
Church/organization __________________________________________________________
Evaluator’s signature __________________________ Date _________________________

NOTE:
Upon completion of this evaluation, please place form in a sealed envelope and return it to the student for mailing. Thank you.