

# MCM Christian Ministry Scholarship Academic Reference Form

1. **TO BE COMPLETED BY THE APPLICANT.** When completed, return to your academic reference to complete and return to MCM.

\_\_\_\_\_  
Applicant Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

2. **TO BE COMPLETED BY THE PERSON PROVIDING THE REFERENCE.**

The above-mentioned applicant is applying for a scholarship grant from Micah Cornerstone Ministries (MCM). The MCM board heavily relies on the recommendations and references supplied by the Applicants. Those who complete the recommendation or reference should have a history of knowledge and involvement with the applicant and be able to complete this form in full.

- a. I have known the applicant for \_\_\_\_\_ year(s) in the following capacity

\_\_\_\_\_  
\_\_\_\_\_.

- b. I would recommend the applicant (select one of the following):

\_\_\_ Ardently  
\_\_\_ Highly  
\_\_\_ With Others  
\_\_\_ With Reservation  
\_\_\_ Not Recommended

3. Please indicate your level of recommendation per category below by selecting one rating block per evaluation area.

	BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT (TOP 10%)	EXCEPTIONAL (TOP 2-3%)	NO BASIS FOR JUDGMENT
<b>Responsibility/Accountability</b>						
<b>Self-discipline</b>						
<b>Emotional Maturity</b>						
<b>Leadership</b>						
<b>Spiritual Development</b>						
<b>Respect for Cultural Differences</b>						

4. Please include a narrative in your own words *on a separate sheet of paper* giving any additional information that you would like to submit to the Board for consideration.
5. Academic Reference information:

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First Name

Last Name

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Title / Position

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Academic Institution's Name

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Work Address

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( )

Telephone Number

Email Address

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Referrer's Signature

Date