

MCM Christian Ministry Scholarship Pastoral Recommendation Form

- 1. TO BE COMPLETED BY THE APPLICANT.** When completed, return to pastor to complete and return to MCM.

Applicant Last Name

First Name

Middle Name

- 2. TO BE COMPLETED BY THE PASTOR PROVIDING THE RECOMMENDATION.**

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.

- I have known the applicant for _____ year(s) in the following capacity

_____.

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

- ☐ Ardently
☐ Highly
☐ With Others
☐ With Reservation
☐ Not Recommended

- 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
Level of church Involvement						
Level of Involvement in outreach						
Responsibility/Accountability						
Self-discipline						
Emotional Maturity						
Leadership						
Spiritual Development						
Respect for Cultural Differences						

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. To be completed by the Pastor who completes the recommendation:

First Name	Last Name
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Title	Position
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Church Affiliation

Work Address

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Telephone Number	Email Address

Pastor's Signature	Date
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