

# SCHOLARSHIP APPLICATION RECOMMENDATION FORM



*Giving God the Glory Ministries, Inc.*  
*My 2 Sons: John | Sean Memorial Scholarship*

## Section A: TO THE APPLICANT

Please print. Respond to every question.

Complete and sign this section before forwarding it to a person with whom you do not have a personal relationship (e.g. mother, father, relative, close friend).

\_\_\_\_\_  
Applicant's Name (last) (first) (middle)

I certify that I am requesting a recommendation from a teacher or school professional and a minister or community service provider of my choosing which will be included in my scholarship application. My application, including the completed recommendation forms submitted by my recommenders, will be used by GGG Ministries, Inc. to determine my eligibility for the scholarship. I understand by signing below, I will not have access to this recommendation, based on the promise of confidentiality provided to my recommender in Section B.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section B: TO THE RECOMMENDER

Please print. Respond to every question.

The applicant indicated above is required to submit two of the attached recommendation forms from (1) a **teacher or school professional** and (2) a **minister or community service provider** as part of his/her application to GGG Ministries, Inc. Complete Section B, responding specifically to each question. Place the completed form in a sealed envelope and return to the applicant or mail directly to the **GGG Ministries, Inc., P.O. Box 915, Hazel Crest, IL. Important Note:** Applicants are required to submit the application and all supplemental materials, including recommendations, with a postmark date no later than April 1, 2019. Late applications will not be reviewed.

\_\_\_\_\_  
Recommender's Name (last) (first) (middle)

\_\_\_\_\_  
Company or agency Position or title

\_\_\_\_\_  
Daytime telephone number Email address

Relationship to applicant:

Instructor  School Professional  Minister  Community Service Provider  Other \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Months \_\_\_\_\_ Years

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Please describe the applicant's performance by checking one appropriate space for each area of performance.

	Excellent	Above Avg.	Average	Below Avg.	N/A
Implements new techniques & knowledge					
Works well with others					
Displays leadership skills					
Ability to learn					
Contributes as a member of organization					
Communicates effectively					
Works independently					
Demonstrates responsibility					
Demonstrates adaptability					
Ability to accept feedback					

If you rated this applicant as "*Below Average*" in any of the above categories, please explain how s/he failed to demonstrate the relevant performance (use additional sheet if necessary):

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**Overall comments:**

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Please check the statement that most accurately describes your recommendation based on the applicant's potential to be successful at the college or university of their choosing:

- Highly recommend  
  Recommend  
  Recommend with reservation  
  Do not recommend

**Recommender's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_