



Board of Directors Memorial Scholarship Fund Pastor's Recommendation

Name of Applicant: _____

Applicant's Home Address: _____

Applicant's Telephone & Email: _____

The applicant understands that this confidential statement will be submitted directly to ABA's admissions office, and its contents will not be public information. Applicants waive the right to see this material after completion by their pastor.

Applicant's Signature: _____ Date: _____

To be completed by the student's pastor and mailed, faxed, or emailed to ABA's office.

1. How long have you known the applicant? _____
2. Has your relationship been close or casual? _____
3. What is the nature of your relationship? Member ____ Worker ____ Attendant ____
4. Please evaluate the applicant's character: (1 - Excellent, 2 - Good, 3 - Poor, 4 - Unknown)
Honesty____ Dependability____ Academic Ability____ Teachable____
5. Does the applicant exhibit spiritual maturity? _____
6. Would you recommend this applicant for the Board of Directors Memorial Scholarship?
If yes, please share any additional information to aid in his evaluation (financial need, etc)

Pastor's Name: _____ Date: _____

Telephone: _____ Email: _____

Church Name: _____

Church Address: _____