



CONFIDENTIAL
Scholarship Recommendation Form

Name of Applicant: _____

The applicant listed above is applying for a scholarship to help cover costs associated with a post-secondary or graduate degree. Your assessment of this candidate is of vital importance to this application. The applicant has waived the right to view this recommendation.

In order to supplement and elaborate on the ratings provided in this form, please attach a letter of recommendation for this scholarship applicant that speaks to your interactions with him/her and your impression of this person's ability to be a successful college student.

If you have questions, please call the church office at 770-227-5517. Thank you!

Please send this completed form along with your letter of recommendation directly to the following address so that it is received in our office no later than ***MARCH 15, 2024*** at this address:

Att: Scholarship Committee
 First Baptist Church of Griffin
 P.O. Box 908
 Griffin, GA 30224

How long have you known this applicant? _____(Years) _____(Months)

What is the basis for your recommendation? _____ Classroom Contact
 _____ Counseling Relationship
 _____ Co-Curricular Activities
 _____ Working Relationship
 _____ Personal Observation
 _____ Other: _____

Please rate the applicant on the following attributes:

	Excellent	Good	Average	Below Average	N/A
Intelligence					
Motivation					
Character					

Check one: This applicant is _____ Strongly recommended
 _____ Recommended
 _____ Recommended with reservations

Printed Name: _____ Occupation: _____

Signature: _____ Date: _____