

For Office Use Only
Applicant #

**PERSONAL RECOMMENDATION
GLEN ODLE & ROY SWANSON SCHOLARSHIP
GATEWAY FELLOWSHIP**

18901 8TH Avenue NE
Poulsbo, WA 98370
Phone: 360.779.5515
Fax: 360.779.8686



TO BE COMPLETED BY THE APPLICANT

Applicant's Name

Phone Number

Address

City, State, Zip

**DEADLINE:
May 1, 2017**

I willingly waive my right of access to see this recommendation knowing that this waiver is not required as a condition for receipt of scholarship.

Student's Signature

Date

TO THE EVALUATOR

(This form may not be completed by a relative of the applicant.)

The above applicant has applied for a Gateway Fellowship scholarship and has given your name as a reference. Serious consideration is given to this recommendation, so please complete this form carefully and candidly, and return it directly to: Scholarship Committee, Gateway Fellowship, 18901 8th Avenue NE, Poulsbo, WA 98370.

Due to the Family Education Rights and Privacy Act of 1974, the applicant has the right of access to this document unless he or she has signed the waiver statement above. If the waiver statement is not signed and there is information which you prefer to communicate personally, you may call Karen Trostad at 360-779-5515.

1. How many years have you known the applicant? _____
2. How well do you know the applicant?
 Very well Somewhat Not very well
3. What is your relationship to the applicant?
 Pastor Teacher Other _____
4. To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ?
 Yes No I don't know
5. To what extent is the applicant engaged in the activities of your church.
 Enthusiastically engages in the activities
 Is cooperative and usually willing to help in the various activities of the church
 Seldom participates in activities, although regularly attends services
 Little interest in activities
 Very irregular in attendance
 Not applicable
6. In what forms of Christian service has the applicant been regularly active?
 Sunday School Youth Group Choir Band/Orchestra
 Not applicable Other _____

7. If the applicant does not participate, do you know why?
 No Yes (Please explain)

8. What are the applicant's strong points?
 Academics Relationships with others Leadership
 Cooperation Organization Motivation
 Steadfastness Energetic Other _____

9. Would you place full confidence in the applicant's integrity?
 No Yes

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10. Are there personality traits which hinder this applicant in his or her relationship with others?
 No Yes (Please explain)

11. Are there any factors at home which might affect the applicant's future success?
 No Yes (Please explain) _____

MY RECOMMENDATION

My estimate of the applicant's future success:

- Superior
- Above average
- Average
- May encounter some difficulty
- Little success

- I recommend
- I do not recommend
- I recommend with some reservation _____

REFERENCE INFORMATION

Please return this form to our office no later than May 1, 2017.

_____ Printed Name of Reference	_____ Signature	_____ Date	
_____ Mailing Address	_____ City	_____ State	_____ Zip
_____ Home Phone	_____ Occupation/Employer	_____ Work Phone	

MAILING INFORMATION

Please mail this recommendation to:
Scholarship Committee
Gateway Fellowship
18901 8th Avenue NE
Poulsbo, WA 98370