

For Office Use Only  
Applicant #

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

18901 8<sup>TH</sup> Avenue NE  
Poulsbo, WA 98370  
Phone: 360.779.5515  
Fax: 360.779.8686  
Email: amanda.mcdonald@gatewayfellowship.com



**TO BE COMPLETED BY THE APPLICANT**

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**DEADLINE:  
May 1, 2019**

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. *By typing your full name in the signature field below you agree to electronically sign this form.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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**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 8<sup>th</sup> 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 Amanda McDonald at 360-394-4168.

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)

\_\_\_\_\_

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### 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 \_\_\_\_\_

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### REFERENCE INFORMATION

**Please return this form to our office no later than May 1, 2019.** By typing your full name in the signature field below you agree to electronically sign this form.

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

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### MAILING INFORMATION

*Please mail or email this recommendation to:*

Gateway Fellowship  
Attn: Amanda McDonald  
18901 8<sup>th</sup> Avenue NE  
Poulsbo, WA 98370  
amanda.mcdonald@gatewayfellowship.com