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



Applicant's Name	DEADLINE:
Phone Number	May 8, 2022
Address	
City, State, Zip	
I willingly waive my right of access to see condition for receipt of scholarship.	this recommendation knowing that this waiver is not required as a

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 Heather Akland at 360-394-4160.

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?									

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10.		nere personalit 1 No	ty traits which hinde □ Yes (Please exp		his or her relatior	nship with other	rs?			
11.		nere any factor I No	rs at home which mi □ Yes (Please exp							
MY RECOMMENDATION										
	□ Above average□ Average□ May encounter some difficulty									
	l do n	ommend not recommend ommend with s	d ome reservation							
REFERENCE INFORMATION Please return this form to our office no later than May 8, 2022.										
	Printed Name of Reference			Signature		Dat	Date			
		Mailing Address			City	State	Zip			
Home Phone				Occupation/Emp	Work P	Work Phone				

MAILING INFORMATION

Please mail this recommendation to:
Gateway Fellowship
Attn: Lisa Knopf
18901 8th Avenue NE
Poulsbo, WA 98370