MT. OLIVE INSTITUTIONAL MISSIONARY BAPTIST CHURCH

1114 N. 6TH AVE

SAGINAW, MI 48601

 **Scholarship Application**

**Recommendation Form**

**Section A:** **To the Applicant.**

*Please complete this section before giving it to your recommender*.

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby request that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_complete this recommendation form.

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B: To the Recommender. Please mail, email or drop off this form to Mt. Olive IMBC 1114 N. 6th Saginaw, MI 48601,** **mtoimbc@aol.com** **before June 25, 2022 3.p.m.**

Recommender’s

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church/School/

Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_ months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_years

*Please describe the applicant by answering the following questions:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Above average | Average | Below average |
| Works well with others |  |  |  |  |
| Displays leadership qualities |  |  |  |  |
| Demonstrates responsibility |  |  |  |  |
|  (*Please list ministries/activities in which student participates below, and rate his/her participation level. Include leadership positions for each ministry/activity*). |  |  |  |  |
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**Additional Comments**

*Please add any additional comments about the applicant that may help us get to know her/him better.*

*Please check the statement that most accurately describes your recommendation based on the purpose of the scholarship, which is to financially support students who have faithfully participated in church and/or youth district and convention activities.*

\_\_\_\_Highly recommend \_\_\_\_Recommend

\_\_\_\_Recommend with reservations \_\_\_\_Do not recommend

Recommender’s

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_