



ILLINOIS LADIES MINISTRIES SCHOLARSHIP

PASTORAL REFERENCE

(Confidential)

Student _____

Pastor _____ Church Address _____

Pastor Cell Number _____

To Pastor:

The student who has given you this reference form is applying for a scholarship provided by the Illinois Ladies Ministries of the United Pentecostal Church Inc. Your prompt reply is deeply appreciated and will be held in strictest confidence. **Questions please call: 217-343-8211**

Please mail this completed form to: Illinois Ladies Ministries
 15496 N Lakeview Drive
 Effingham, Illinois 62401

Please evaluate the student in the following areas with 5 being the highest:

	5	4	3	2	1
Emotional Stability					
Personal Appearance					
Moral Character					
Personal Initiative					
Cooperativeness					
Respect For Authority					
Respect For Peers					
Leadership Qualities					
Personal Development					
Consideration For Others					
Consistent Performance					
Personal Responsibility					
Personal Motivation					
Dependability					
Productivity					

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How long have you known the applicant? _____

Does the applicant support the church with tithes and offerings? _____

Is the applicant actively involved in the youth activities of the church? _____ Please elaborate.

Please describe any other church related activities in which the applicant has been or is now involved (Sunday School, choir, orchestra, evangelism, etc.). _____

The financial need of the applicant is not a major factor in awarding the Illinois District Ladies Ministries Scholarship; however, it is taken into consideration. With this in mind, how would you evaluate the financial status of the applicant and the applicant's family?

Above average _____ Average _____ Below average _____

Will the applicant's family be able to assist with any expenses incurred in attending college?

Would you recommend this individual, without exception, for a scholarship? YES _____ NO _____

Please Explain: _____

COMMENTS: _____

Signature of Pastor _____ Date _____

Important! For applicant to be considered, this form MUST be complete and postmarked by **April 1st**.



ILLINOIS LADIES MINISTRIES SCHOLARSHIP

SCHOLASTIC REFERENCE

(Confidential)

Student _____

School _____ City & State _____

Official Phone _____

To Principal or School official:

The student who has given you this reference form is applying for a scholarship provided by the Illinois District Ladies Ministries of the United Pentecostal Church Inc. Your prompt reply is deeply appreciated and will be held in strictest confidence. **Questions please call: 217-343-8211**

Please enclose a transcript of the applicant's grades with this completed form.

Please mail this completed form to:

Illinois Ladies Ministries
 15496 N Lakeview Drive
 Effingham, Illinois 62401

Please evaluate the student if possible in the following areas with 5 being the highest:

	5	4	3	2	1
Emotional Stability					
Personal Appearance					
Moral Character					
Personal Initiative					
Cooperativeness					
Respect For Authority					
Respect For Peers					
Leadership Qualities					
Personal Development					
Consideration For Others					
Consistent Performance					
Personal Responsibility					
Personal Motivation					
Dependability					
Productivity					

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How long have you known the applicant? _____

Would you recommend this individual, without exception, for a scholarship? _____

Please Explain: _____

Please enclose a transcript of the applicant's grades with this completed form.

Comments:

Signature _____ Date _____

Title or Position _____

Important! For applicant to be considered, this completed form must be postmarked by **April 1st**.



ILLINOIS LADIES MINISTRIES SCHOLARSHIP

EMPLOYMENT REFERENCE

(Confidential)

Name of Employee _____

Place of Employment _____ City & State _____

Employment Phone Number _____

To Employer:

The student who has given you this reference form is applying for a scholarship provided by the Illinois District Ladies Ministries of the United Pentecostal Church Inc. Your prompt reply is deeply appreciated and will be held in strictest confidence. **Questions please call: 217-343-8211**

Please mail this completed form to: Illinois Ladies Ministries
 15496 N Lakeview Drive
 Effingham, Illinois 62401

Please evaluate the student in the following areas with **5 being the highest**:

	5	4	3	2	1
Emotional Stability					
Personal Appearance					
Moral Character					
Personal Initiative					
Cooperativeness					
Respect For Authority					
Respect For Peers					
Leadership Qualities					
Personal Development					
Consideration For Others					
Consistent Performance					
Personal Responsibility					
Personal Motivation					
Dependability					
Productivity					

PAGE 2 OF 2 EMPLOYMENT REFERENCE

How long have you known the applicant? _____

Would you recommend this individual, without exception, for a scholarship? _____

Please Explain: _____

Comments:

Signature _____ Date _____

Title or Position _____

Important! For the applicant to be considered, this completed form must be postmarked by **April 1st**.