

The John Thomas Porter Scholarship Committee
Sixth Avenue Baptist Church

RECOMMENDATION FORM

Date: _____

Applicant's Name _____

The applicant is applying for _____

Please indicate how long and in what capacity you have known the applicant.

Length of time: _____ years Capacity: _____

	Below Average	Above Average	Average	Outstanding
Leadership				
Motivation				
Creativity				
Self-Discipline				
Responsibility				
Peer Respect				
Faculty Respect				
Other:				
Other:				
Other:				
Overall				

Please indicate any other important information you feel speaks of the applicant.

Please indicate your recommendation of the applicant.

_____ With reservation _____ Fairly strongly

_____ Strongly _____ Enthusiastically

Signature