SCHOLARSHIP APPLICATION RECOMMENDATION FORM



personal relationship (e.g. mother, father, relative, close friend).

Section A: TO THE APPLICANT

Please print. Respond to every question.

Applicant's Name	(last)	(first)	(middle)					
I certify that I am requesting a recommendation from a teacher or school professional and a minister or community service provider of my choosing which will be included in my scholarship application. My application, including the completed recommendation forms submitted by my recommenders, will be used by GGG Ministries, Inc. to determine my eligibility for the scholarship. I understand by signing below, I will not have access to this recommendation, based on the promise of confidentiality provided to my recommender in Section B.								
Applicant's Signa	ture:		Date:					
Section B: TO THE RECOMMENDER Please print. Respond to every question.								
The applicant indicated above is required to have two recommendation forms from (1) a teacher or school professional and (2) a minister or community service provider as part of his/her application to GGG Ministries, Inc. Complete Section B, responding specifically to each question. Email the completed recommendation form to info@gggministries.com no later than April 5, 2025. Important Note: Applicants are required to submit the application and all supplemental materials, no later than April 5, 2025 Late applications will not be accepted.								
Recommender's Name (last)		(first)	(middle)					
Company or agence		Position or title	e					
Company of agenc	· y	1 osition of title						
Daytime telephone	e number	Email address	Email address					
Relationship to applicant: Instructor School Professional Minister Community Service Provider Other								
How long have you known the applicant? Months Years								

Complete and sign this section before forwarding it to a person with whom you do not have a

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Please describe the applicant's performance by checking one appropriate space for each area of performance.								
	Excellent	Above Avg.	Average	Below Avg.	N/A			
Implements new techniques & knowledge								
Works well with others								
Displays leadership skills								
Ability to learn								
Contributes as a member of organization								
Communicates effectively								
Works independently								
Demonstrates responsibility								
Demonstrates adaptability								
Ability to accept feedback								
If you rated this applicant as "Below Average" in any of the above categories, please explain how s/he failed to demonstrate the relevant performance (use additional sheet if necessary): Overall comments:								
Please check the statement that most accurately describes your recommendation based on the applicant's								
potential to be successful at the college or university of their choosing:								
Highly recommend Recommend Do not recommend								
Recommender's Signature:		Date:						