



Recommendation Form

Applicant: Please complete the following information **before** sending to recommender.

Full Name of Applicant: _____

Applicant's Statement:

I have waived my rights of access to any and all letters or statements of recommendation that may be submitted in connection with my application for a Cliff Temple Baptist Church scholarship.

Applicant's Signature

Recommender (must be an adult, 21 years or older):

The applicant who forwarded this form to you is applying for a scholarship offered by Cliff Temple Baptist Church. Your candid assessment of the applicant is appreciated. Please be as specific as possible with your comments. Thank you for your cooperation in giving your time to this request.

IMPORTANT:

Form must be received by the church office
by Sunday, April 28, 2024. Send form to:

Cliff Temple Baptist Church
125 Sunset Ave
Dallas, Texas 75208
ATTN: Scholarship Committee
E-mail: scholarships@cliff temple.org

Your relationship to the applicant:

(Please select one)

- Teacher, Principal, or Counselor
 Pastor/Minister (not CTBC)
 Church Member
 Other: _____

1. How long have you known the applicant? _____ years _____ months
2. Under what circumstances have you known the applicant?

3. Describe a specific way the applicant impacts the lives of others by Christian example/service.

4. How would you rate the applicant in these areas?

	Truly Outstanding	Excellent	Above Average	Average	Below Average	No Basis for Evaluation
Christian/Spiritual Maturity						
Initiative						
Integrity						
Leadership						
Reaction to Criticism						
Reaction to Setbacks						
Respect for Others						
Sense of Responsibility						

5. Please use this space for a detailed letter of recommendation or attach a separate letter to this form.

Signature of Recommender

Date

Printed Name