

ALABAMA MINISTRY NETWORK of the ASSEMBLIES OF GOD – 2025 SCHOLARSHIP APPLICATION

PASTORAL REFERENCE

Deadline: February 14, 2025

Top portion to be completed by APPLICANT:

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

WAIVER FORM: I, \_\_\_\_\_ the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-280 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file will be addressed.

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

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Everything Below To be completed by PASTOR: \*If you are a relative of the applicant, please have another pastoral staff person or a member of the church board complete this form.

Dear Pastor:

We believe that you are interested in the future of the young person from your church named above. He/She is applying for one of the tuition scholarships in the Alabama District Council of the Assemblies of God. Your cooperation in answering a few questions will be of great value in helping us to evaluate this application. A prompt reply will be deeply appreciated and held in confidence. Please note it is due by February 14, 2025.

How long have you been acquainted with the applicant? \_\_\_\_\_

Briefly describe why you believe the applicant is an outstanding member of your church and qualified for this scholarship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe ways this person exhibits a consistent Christian witness. \_\_\_\_\_

\_\_\_\_\_

To your knowledge, does the applicant use alcohol, tobacco, or illegal drugs? \_\_\_\_\_

On separate page / reverse side of this form: 1) Please make a brief statement as to the financial status of the applicant. (Finances can be a factor, among others, in awarding this scholarship); 2) Please make additional helpful comments that will assist the committee in considering this applicant for a scholarship.

Do you endorse this applicant without reservation? Yes \_\_\_\_\_ No \_\_\_\_\_ If "no," please explain on the reverse side.

Table with 6 columns: (Please check), Excellent, Good, Fair, Poor, Not Known. Rows include Emotional stability, Personal appearance, Moral character, Initiative, Cooperativeness, Respect for authority, Church Involvement, Spiritual life.

PLEASE PRINT: Your name \_\_\_\_\_ Your position \_\_\_\_\_

Your local church name \_\_\_\_\_ District \_\_\_\_\_

Church address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Phone \_\_\_\_\_ Your Email Address \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE MAIL or EMAIL COMPLETED FORM by February 14, 2025 to jharris@amnag.org, OR Alabama Ministry Network of the Assemblies of God - 5919 Carmichael Road - Montgomery, AL 36117-2507