

Scholarship Program at Korean Presbyterian Church of Metro Detroit

_____ (_____) _____
 Email Address Telephone Number Year (1, 2, 3, 4, Applicant Name (Last, First)
 G-Master,
 G-Doctorate)

RECOMMENDATION

The person below is applying for the Scholarship Program at Korean Presbyterian Church of Metro Detroit. We greatly appreciate your honest feedback on the character and Christian faith of the applicant. Please return the completed reference form in a sealed and signed envelop to the applicant. The applicant is responsible for gathering and submitting all application materials in one complete package.

Applicant Information (to be completed by applicant – in addition, please complete the top portion.)

Name: _____ School/Year: _____

Academic Field and Degree: _____

Telephone: _____ Email Address: _____

Reference Information

Name: _____ Position: _____

Organization: _____

Telephone: _____ Email Address: _____

How long have you known the applicant and in what capacity:

Please rate the applicant in comparison with other dedicated Christian leaders.

	Excellent	Good	Average	Fair/Poor	Don't know/NA
Christian Character					
Leadership					
Academic Commitments					
Time Management					
Creativity					
Communication Skills					

Describe any special attributes or circumstances of the applicant that you would like the KPCMD Scholarship committee to consider. (Attach extra sheet)

Signature

Date