



RETURN THIS FORM BEFORE JUNE 15

to

Student Financial Aid Committee
Ohio District Mission Support Center
6451 Columbia Road
P.O. Box 38277
Olmsted Falls, OH 44138

OHIO DISTRICT SCHOLARSHIP FUND
PASTOR'S EVALUATION OF APPLICANT

THE FOLLOWING NAMED APPLICANT, WHO IS A MEMBER OF YOUR CONGREGATION, HAS APPLIED FOR A SCHOLARSHIP GRANT FROM THE OHIO DISTRICT. IN ORDER THAT THE COMMITTEE MAY EVALUATE THE NEEDS AND QUALIFICATIONS OF THIS APPLICANT, WE ARE ASKING YOU FOR INFORMATION AS DETAILED BELOW. PLEASE BE AS SPECIFIC AS POSSIBLE IN YOUR RESPONSE. **THERE WILL BE NO GRANT AWARDED WITHOUT THIS FORM COMPLETED BY THE APPLICANT'S PASTOR.**

SECTION I (TO BE COMPLETED BY APPLICANT)

NAME OF APPLICANT: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: _____ E-MAIL: _____

MARITAL STATUS: () SINGLE () MARRIED _____ CHILDREN

STUDENT'S HOME CONGREGATION/CITY: _____

PASTOR'S NAME: _____

CONCORDIA COLLEGE/UNIVERSITY OR SEMINARY APPLICANT WILL ATTEND:

STUDENT GRADE LEVEL: _____ CHURCH PROFESSION PLANNED:

() PASTOR () TEACHER () DEACONESS () LAY ASSISTANT () DIRECTOR OF CHRISTIAN EDUCATION

() PARISH WORKER () OTHER (SPECIFY) _____

SECTION II (TO BE COMPLETED BY PASTOR)

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ YEARS

**** CONTINUED ON REVERSE SIDE ****

FAMILY BACKGROUND

FATHER'S NAME: _____ OCCUPATION: _____

MOTHER'S NAME: _____ OCCUPATION: _____

NAMES AND AGES OF BROTHERS AND SISTERS: _____

ARE ANY OF THE ABOVE NAMED ATTENDING SCHOOL AWAY FROM HOME: _____

WHAT FACTORS ARE YOU AWARE THAT WOULD INDICATE THE NEED FOR FINANCIAL ASSISTANCE?

PERSONAL EVALUATION

WHAT PERSONALITY CHARACTERISTICS SUIT THE APPLICANT FOR THE PROFESSIONAL MINISTRY OF THE CHURCH? _____

DESCRIBE APPLICANT'S INVOLVEMENT IN AND COMMITMENT TO THE MINISTRY AND FELLOWSHIP OF YOUR CONGREGATION: _____

PLEASE ASSESS APPLICANT'S ATTITUDE TOWARD EDUCATIONAL RESPONSIBILITY AND CAREER GOALS:
() SERIOUS () GOOD () FAIR () POOR () UNKNOWN

DOES YOUR CONGREGATION HAVE A PLAN FOR FINANCIAL ASSISTANCE FOR THOSE WHO DESIRE TO ENTER INTO FULL-TIME CHURCH MINISTRY? () YES () NO If "yes", please describe:

HAS THE APPLICANT BEEN ADVISED TO MAKE USE OF SUCH ASSISTANCE IF AVAILABLE? () YES () NO
WILL YOUR CONGREGATION, AS A MINIMUM, MATCH THE GRANT GIVEN BY THE DISTRICT AS THE DISTRICT IN CONVENTION RESOLVED, 6-04, 1982? () YES () NO

ADDITIONAL REMARKS: _____

SIGNED: _____ DATE: _____