

Nixon Scholarship Reference Form

APPLICANT'S NAME: _____

YOUR NAME:	PHONE:				
ADDRESS:					
HOW LONG HAVE YOU KNOWN THE APPLICANT?					
PLEASE ESTIMATE THE EXTENT TO WHICH THE STUDENT HAS DEM	IONSTRA ⁻	TED	ТН	E Q	UALITIES LISTED BELOW:
(Scale: 4 = Superior, 3 = Good, 2 = Fair, 1 = Poor, 0	= No opp	ort	uni	ty t	o observe)
a. Models a Christ-like attitude	4	3	2	1	0
b. Level of Christian commitment	4	3	2	1	0
c. Participation in Church activities	4	3	2	1	0
d. Genuine concern for others	4	3	2	1	0
e. Intellectual curiosity	4	3	2	1	0
f. Leadership	4	3	2	1	0
g. Community Involvement and Investment	4	3	2	1	0
h. Ability to get along with peers	4	3	2	1	0
i. Ability to get along with adults	4	3	2	1	0
j. Initiative	4	3	2	1	0
k. Maturity	4	3	2	1	0
I. Ability to complete the chosen program of study	4	3	2	1	0

Please Complete and Return to the church office (sharptownchurch@comcast.net) by June 12, 2022.