

Nixon Scholarship Reference Form

BELOW:

APPLICANT'S NAME: _____

YOUR NAME:I	PHONE:	10NE:				
ADDRESS:						
HOW LONG HAVE YOU KNOWN THE APPLICANT?						
PLEASE ESTIMATE THE EXTENT TO WHICH THE STUDENT HAS DEMO	NSTRA ⁻	ΓED	ТН	E Q	UALITIES LISTED	
(Scale: 4 = Superior, 3 = Good, 2 = Fair, 1 = Poor, 0 = No opportunity to 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	
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 2, 2024.