

FCA LEADERSHIP TRAINING SCHOLARSHIP FUND

Personal Reference Form (Please submit by June 30)

Scholarship Candidate: _____

Your Name: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

How long have you known the applicant? _____

In what capacity? _____

What do you view the gifts/abilities of the applicant to be?

Do you view the candidate to be a person of integrity? Circle Yes or No

Comments: _____

What do you think God's plans are for this individual?

Comments: _____

Do you believe the candidate exhibits present or potential leadership ability? Circle Yes or No

Comments: _____

How would you define the candidate's financial situation and need for a scholarship? _____

Do you recommend the candidate for a Scholarship to be applied at:

Name of School: _____

Circle Yes or No

Additional Comments: _____

Can someone contact you should further information be required?
Circle Yes or No.

Signed: _____ Date: _____

Thanks so much for your time!

Please mail to:

Gene Enns

Box 100

Caroline, AB T0M 0M0

Phone: (403) 722-2225

Email: fcascholarship@fcaministers.com