

**ALEXANDER CHRISTIAN FOUNDATION SCHOLARSHIP  
ELDER EVALUATION**

**Student's Name** \_\_\_\_\_

**Reference** Please complete this form and return it to ACF (**DO NOT** give to applicant) at:

[acfiowa@gmail.com](mailto:acfiowa@gmail.com)

**Must be received by February 1.**

Compared to his/her peers, how do you rate this applicant in terms of:

<b>4-Excellent</b>	<b>3-Good</b>	<b>2-Average</b>	<b>1-Poor</b>	<b>n/a-No Basis for Evaluation</b>
Christian Character			Home Life	
Responsibility/Reliability			Integrity/Honesty	
Spiritual Maturity			Respect for Authority	
Emotional Maturity			Concern for Others	
Leadership			Discretion with the Opposite Sex	
Social Skills			Church Participation	

Please comment on the applicant's commitment to Jesus Christ. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give a brief statement about the applicant's family background that would help us better understand him/her. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Has there been any evidence of criminal or social problems? \_\_\_\_\_

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How long have you known this student and how familiar are you with him/her? \_\_\_\_\_

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Additional Comments: Please share whatever you think is important about this student (e.g., areas where the student may need special attention, unusual strengths). \_\_\_\_\_

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I recommend this student: (please check appropriate answer)

\_\_\_\_\_ enthusiastically      \_\_\_\_\_ without significant reservation      \_\_\_\_\_ with mild reservation  
   \_\_\_\_\_ with significant concern      \_\_\_\_\_ not at all

Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_