

# RECOMMENDATION

## For the Applicant of Blessings Seminarian Scholarship

---

---

**This Portion is to be completed by applicant**

Name of Applicant \_\_\_\_\_  
(English) (Chinese)

This recommendation is from a (check one):

- Pastor  Teacher  Professional acquaintance  
 Lay person  Employer  Other \_\_\_\_\_

**Note:** This form is to be filled out by someone who is not a member of your immediate family.

*I waive my right to examine this form.*

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

.....

(可用中文填寫)

1. How long have you known the applicant? \_\_\_\_\_

How well?  Very well  Rather well  Casually  Not well

2. In view of your knowledge of the applicant, how do you assess his or her abilities and character in the following categories as compared to his or her peers?

Item	Not Observed	Weak	Fair	Average	Good	Outstanding
Intellectual ability						
Working with others						
Initiative						
Creativity and imagination						
Maturity						
Interpersonal skill						
Self-confidence						
Self-discipline						
Oral communication skill						
Writing skill						
Quality of work						

Item	Not Observed	Weak	Fair	Average	Good	Outstanding
Ability to analyze problems						
Ability to form solutions						
Leadership skills						
Motivation for study						
Potential for mass media ministry						

- Please provide us with a statement concerning the applicant's spiritual maturity, abilities, personality, character, and professional promise. Also include in your statement an assessment of his or her strengths and weaknesses.

3. Do you see this person as someone whom you would hire, have as your church staff member, or like to work with as a colleague? \_\_\_ Yes \_\_\_ No \_\_\_ Unsure

Please comment:

4. We would appreciate your additional comments.

5. I recommend this applicant for the Seminarian Grants of the Blessings Foundation.

\_\_\_ Highly recommend  
 \_\_\_ Recommend  
 \_\_\_ Recommend with reservations  
 \_\_\_ Do not recommend

6. Your information:

Name \_\_\_\_\_

Position \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Please email: [enfu1994@gmail.com](mailto:enfu1994@gmail.com). Or mail to: BCMF, P. O. Box 18410, Irvine, CA 92623-8410, U.S.A.