



200 North Main Street, Hatfield, PA 19440 ♦ 800.235.4021 ext 141

Office of Financial Aid

LETTER OF RECOMMENDATION

To be returned to the applicant or Missio, Attention: Financial Aid, in a sealed envelope.

Student's Name: _____ being recommended for the _____ Scholarship.

Name of Recommender: _____

Relationship to Student: _____

Please rate the student in the following categories:

	Inadequate	Below Average	Adequate	Above Average	Exceptional
Academic Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clarity of Purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith Commitment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gifts for Ministry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moral Character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide additional information as to why you believe this person is a good candidate for the above mentioned scholarship. You may add additional information on the reverse side of this page. Thank you.

Recommender Signature: _____ Date: _____