 **Oliver W. and Emma W. Allen Scholarship**

 **Pastoral Recommendation Form**

**To the Applicant:** Indicate below whether you waive your right of access to review this form.

 \_\_\_ I waive my right of access to review this recommendation form after it is completed.

 \_\_\_ I do not waive my right of access to review this recommendation form after it is completed.

Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Recommender:** The Oliver W. and Emma W. Allen Scholarship at Valparaiso University provides annual awards to selected students who are preparing for a church profession. To be considered for an Allen Scholarship, a student must complete an Allen Scholarship application, which includes a recommendation from his/her home congregation pastor or other church worker. Parents or close relatives of the applicant may not be a recommender.

Allen Scholars at Valparaiso University are expected to participate fully in all aspects of the religious life of Valpo. They will:

* regularly attend worship and Bible study opportunities;
* pursue their potential as scholars and leaders in church and society.
* regularly attend meetings of the Valparaiso’s Church Vocations Symposium;
* engage in thoughtful reflection and conversation about their spiritual formation and vocational direction.

Thank you for your willingness to serve as a recommender. Your candid assessment of the strengths of this student will weigh heavily in the Selection Committee’s decision. Please consider your answers carefully, and type or write legibly.

Return completed form to Nicole Martinez. Fax: 219-464-6898 or email: Nicole.Martinez@valpo.edu by **MARCH 1.**

**The following seven attributes are what the Allen Scholar program hopes to cultivate. Please numerically rate the applicant’s potential to develop further these attributes (feel free to add comments).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1  | 2  | 3  | 4  | 5  |   |  Comments  |
|   | weak  |  | average  |  | strong  |  |

Applicant’s…

 \_\_\_\_ Clarity regarding his/her vocational direction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_ Ability to communicate effectively \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_ Emotional stability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_ Capacity to respond to differing viewpoints \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_ Eagerness to learn and grow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_ Leadership capacity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Expression of personal faith \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following questions to the extent that you are informed about the applicant. Feel free to attach separate pages if needed.**

1. How long and in what capacities have you known the applicant?

1. How has the applicant conveyed that he/she is intending to pursue a church vocation? Please elaborate.

1. What is your general estimate of the applicant’s intellectual ability and motivation?

1. What concrete examples can you offer to support the applicant's suitability for full-time public ministry?

1. What strengths does the applicant have that would be an asset to a community of Christian scholars?

1. Please comment on any other attributes of this applicant that might be germane (e.g. home, school, congregation, future ministry aspiration, etc.).

Recommender’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommender’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congregation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_