

**Jim and Anne Den Ouden Scholarship**

REFERENCE FORM

**Two reference forms need to be completed by individuals who you feel would best be able to speak to your potential as a future Christian teacher (e.g. former teacher, pastor, employer, etc); one must be a Providence education professor.**

**PART 1: To be completed by the applicant**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Status: Soph / Junior

Last Name First Name

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

Street Address City

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Province Zip/Postal Code

Telephone: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Providence Christian College and the scholarship

committee permission to contact this reference and waive my right to review any comments

made as a result of this reference.

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Student’s signature Date

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**PART 2: To be completed by the reference.**

**Providence Christian College greatly appreciates your help in the scholarship process. Your honest, thoughtful and careful evaluation and recommendation of this student will be most valuable to the committee evaluating applicants. Additional comments may be attached on a separate piece of paper.**

1. What is the context in which you know the applicant.
2. As you consider the applicant in the context that you know him or her, what aspects (personality, behavior, attitude, character) would lead you to believe that he or she would make an excellent Christian teacher?
3. Please include any further comments that would help the scholarship committee understand this applicant and your recommendation?

Reference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print or type) Title Organization

Telephone: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date

Please return reference form to

S**cholarship Committee**

**Providence Christian College**

**1539 E Howard Street**

**Pasadena, CA 91104**

**FAX: 626.696.4040**

**EMAIL: admissions@providencecc.edu**