



## Departmental Scholarship Recommendation Form

*Instructions to Student: Send this form to your Christian Ministry leader. He/she should return the completed form directly to the Financial Aid Office by March 1 (early consideration) or April 1.*

Applicant's Name \_\_\_\_\_

### To Ministry Leader:

Name / Title of Leader \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

How long have you known the applicant?

What is your relationship to the applicant?

How does the applicant demonstrate Christ-like character and servanthood in his/her personal walk with the Lord?

In what areas of ministry has the applicant been involved that you have observed?

How does the applicant relate to those with whom he/she is involved both within and outside the ministry?

Why should Calvary consider giving this applicant a Departmental Scholarship?

Please list any other information that may be helpful to us in considering this application. You may use the back, if you wish.

Ministry Leader signature \_\_\_\_\_ Date \_\_\_\_\_

*Please send completed form directly to:*

**Financial Aid Office  
Calvary Bible College  
15800 Calvary Road  
Kansas City, MO 64147**

**816-322-0110  
Fax: 816-331-4474  
finaid@calvary.edu**