

**LWML RMD SCHOLARSHIP
PASTOR'S EVALUATION SHEET**

(Please type or print)

NAME OF APPLICANT: _____

HOW DO YOU KNOW THIS APPLICANT? _____ HOW LONG? _____

NAME AND ADDRESS OF PERSON SUBMITTING THIS FORM:

(Check Appropriately)	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Compatibility with others	_____			
Leadership Skills	_____			
Conduct	_____			
Communication Skills	_____			
Written	_____			
Oral	_____			
Initiative	_____			
Dependability	_____			
Interest and participation In activities	_____			

PERSONAL REMARKS: (Please choose two of the above areas and expound briefly)

Signature

Date

PLEASE SEND THE COMPLETED FORM BY MAY 1, 2018 TO:

Jeanne Ostermann

LWML RMD SCHOLARSHIP CHAIRMAN

3670 Abbey Heights

Colorado Springs. CO 80917

jko52@aol.com