

**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:

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(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)

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**Signature**

**Date**

**PLEASE SEND THE COMPLETED FORM BY MAY 1, 2019 TO:**

Sue Frauenfeld  
LWML RMD Scholarship Committee Chairman  
8320 Ralph Lane  
Denver, CO 80221  
sjbf321@msn.com