

**APPLICANT:** Please complete the following information before sending to your recommender. *(Please print in black or blue ink.)*

Name of Applicant \_\_\_\_\_  
Last Name
First Name
Middle Initial

Applicant's Statement: I am aware that under the Family Educational Rights and Privacy Act [20 U.S.C. sec. 1232g (a) (1) (C)], I am not required to, but I may voluntarily waive my right to access confidential letters and statements of recommendation submitted to Dallas Baptist University in support of my application for undergraduate admission or a scholarship award. I further understand that under the Family Educational Rights and Privacy Act, an unsuccessful applicant, regardless of whether such applicant has signed a waiver, has no right to inspect any of the admission application materials which may be accumulated. The giving of a waiver shall not be regarded as a condition for admission to, receipt of financial aid from, or receipt of any other services or benefits from the University.

I hereby:     do     do not  
 waive my rights of access to any and all letters or statements of recommendation which may be submitted by

\_\_\_\_\_ (applicant must specify name of person submitting recommendation before sending form to that person) in connection with my application for a Christian Leadership Scholarship.

\_\_\_\_\_  
 Signature of Applicant      Date

### TO THE RECOMMENDER:

The applicant who forwarded this form to you is applying for the Christian Leadership Scholarship offered by Dallas Baptist University. Your candid assessment of the candidate's ability and character is appreciated. Please be as specific as possible with your comments. Thank you for your cooperation in giving your time to this request.

**Important – Please scan and send this form as soon as possible to:**

clsapp@dbu.edu  
**or mail to:** Office of Admissions  
 Dallas Baptist University  
 3000 Mountain Creek Parkway  
 Dallas, TX 75211-9299

**Your relationship to the student:**

- Teacher, Principal, or School Counselor
- Pastor or Youth Minister
- Other: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_ years      \_\_\_\_\_ months

2. Under what circumstances have you known the applicant?

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3. What are the applicant's most outstanding talents or characteristics?

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4. Understanding that no one is perfect, what are the applicant's chief weaknesses?

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5. Describe a specific incident when you witnessed the applicant using his/her Christian leadership ability to influence the life of another individual.

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6. We would appreciate any additional statement you may wish to make concerning the applicant's intellectual capacity, ability to work with others, personal goals, and motivation.

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7. Please list any circumstances that Dallas Baptist University should be aware of before deciding on the applicant's scholarship application.

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8. How would you describe the applicant's level of awareness of his/her calling as a Christian and response to that calling?

- Very Solid/Mature
- Probable/Developing

- Strong/Thriving
- Possible/Vague

- Average/Growing
- Not Apparent

9. Please rank the applicant on the following areas:

	Excellent	Above Average	Average	Below Average
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization/Time Mgmt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. On the scale below, please indicate your level of recommendation for this applicant for the Christian Leadership Scholarship.

**Strongly Recommend**

10  9  8

**Recommend**

7  6  5

**Recommend with Reservations**

4  3

**Do Not Recommend**

2  1

11.  I do not feel that I can evaluate this applicant adequately and would prefer that the candidate seek a recommendation from another individual.

12.  I would like to have someone from the Office of Admissions call me regarding my recommendation

13.  I am available to answer any questions that the Office of Admissions may have concerning my recommendation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Please print or type

\_\_\_\_\_  
Name of school, church, or organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Phone ( )

**Thank you for your help.**

**Please use the back of this form to make any additional comments.**

**OFFICE OF ADMISSIONS**

214.333.5360 OR 800.460.1DBU

clsapp@dbu.edu