BEULAH HEIGHTS UNIVERSITY

Admissions Office • P. O. Box 18145, 892 Berne St SE • Atlanta, GA, 30316 • (404) 627-2681 x117 • FAX. (404) 627-0702 • www.beulah.edu

Scholarship Reference Form

TO THE APPLICANT: Complete the top portion of this form, and give a copy of to your department chair. BHU Scholarship applicants are not permitted to view or inspect letters of reference submitted on their behalf to the Beulah Heights University Scholarship Committee.

NAME: _____ _____ _____ STUDENT #: _____
First Middle Last

MAJOR/PROGRAM: _____ YEAR IN SCHOOL: _____

TO THE REFEREE: You have been asked by the applicant for a Beulah Heights University Scholarship to serve as a referee. We would appreciate you answering the following questions. Your recommendation need not be restricted to these answers. Typed submissions are preferred. Please print single sided. Do not use the back of this form. Return in an envelope signed across the seal.

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

WHAT IS YOUR RELATIONSHIP TO THE APPLICANT? ☐ Teacher ☐ Advisor ☐ Other / Explain: _____

Using a scale of 1-5 (with "1" being "poor", "3" being "average", and "5" being "excellent"), please rate the applicant on the following characteristics:

Academic Performance	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ Unknown
Classroom Participation	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ Unknown
Work Ethic	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ Unknown
Involvement in Activities	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ Unknown
Community Service	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ Unknown
Motivation and seriousness of purpose	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ Unknown

Please explain how and what you know about the applicant and why he/ she is deserving of a Beulah Heights University Scholarship. (You may attach an additional sheet or sheets if necessary).

_____

_____

_____

Please check the option that best reflects your recommendation of this applicant:

☐ Highly Recommend ☐ Moderately Recommend ☐ Reluctantly Recommend ☐ Do Not Recommend

REFERENCE'S NAME: _____ _____ _____
First Middle Last

TITLE/OCCUPATION: _____

ADDRESS: _____

PHONE#: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

Please return completed forms and letters of recommendations to:

BHU Scholarship Committee
Administration Building
892 Berne Street
Atlanta, GA 30316

Thank You