



## GRADUATE FELLOWSHIP RECOMMENDATION FORM

The Christian Scholarship Foundation, Inc. (CSF) Fellowship is available to members of Churches of Christ and independent Christian churches who are teaching or who plan to teach religion and related subjects at a collegiate level (e.g. universities, colleges, schools of theology). The applicant's course of study may be pursued in any field related to the recognized theological disciplines in programs of study leading toward the Ph.D. or equivalent degree.

### To be completed by the Applicant:

*Applicant's Last Name*

*First*

*Middle Initial*

In accordance with the Family Educational Rights and Privacy Act of 1974, applicants may waive their right to see letters of recommendation. Applicant, please indicate your choice and sign on the line below. If you choose to retain your right, you may read this recommendation upon request.

I waive my right to see this recommendation.

I retain my right to see this recommendation.

*Applicant's E-signature*

*Date*

### To be completed by the Recommender:

*Recommender's Last Name*

*First*

*Middle Initial*

1) How long have you known the applicant? \_\_\_\_\_

2) In what capacity have you known the applicant? \_\_\_\_\_

3) **On a separate sheet** please provide a written evaluation of the applicant's intellectual ability, academic performance, and promise as a scholar in the service of the Church.

4) Compared with others you have known in an academic capacity, how would you rank the applicant's ability?

\_\_\_\_\_ top 1%    \_\_\_\_\_ top 5%    \_\_\_\_\_ top 10%    \_\_\_\_\_ top 25%    \_\_\_\_\_ top 50%    \_\_\_\_\_ below 50%

*Recommender's E-signature*

*Date*

*Institution*

*Email*

*Phone number*

Please email this completed recommendation form and attached recommendation letter by January 15 to:  
[contact@christianscholars.org](mailto:contact@christianscholars.org)