

ZION UNITED CHURCH OF CHRIST

113 1ST STREET, NE WAUKON, IA 52172 563-568-3589
 zionuccwaukon@gmail.com



ZION UCC SCHOLARSHIP REFERENCE EVALUATION FORM

Applicant's Name: _____

Name of Reference: _____

Relationship to Applicant: _____

How long have you known applicant: _____

Contact Information: (Phone) _____

(email) _____

Please evaluate the applicant based on the following:

	Exceptional	Above Average	Average	Unknown to Me
Leadership Skills				
Teamwork Skills				
Organization Skills				
Work Ethic				
Dependable				
Initiative/Self Starter				
Listening Skills				
Communication Skills				
Problem Solving Skills				
Follow through/Completes tasks				
Commitment to School & Community				

Written Recommendation*:

I certify the above information is accurate and completed to the best of my knowledge.

(Date)

 Reference Signature/Date**

***Feel free to use the back of this sheet or attach a separate sheet of paper for your written evaluation.**

****Please complete and return this form to Zion UCC in the envelope provided by May 31, 2026.**