



THE MASTER'S COLLEGE

International Student Grant Recommendation Form

INSTRUCTIONS

1. Complete the top portion and give this form to a pastor, teacher or discipler ~~knows~~ you well, is NOT a relative, and can provide this specific reference.
2. Provide your Reference with a stamped envelope to:
The Master's College Office of Int'l Admissions
21726 Placerita Cyn Rd, Santa Clarita, CA 91321
3. Electronic forms may be submitted by email to iso@masters.edu

TO THE APPLICANT

LAST NAME

FIRST

DATE OF BIRTH

ADDRESS

CITY

STATE/PROVINCE/POSTAL CODE

COUNTRY

The Family Educational Rights and Privacy Act of 1974 provides for a matriculated student to have access to this reference form unless a waiver to that effect has been signed. If you wish to waive your right of access to this reference, sign your name in the space provided. If you do not sign, you will be permitted to inspect this reference only if you enroll at The Master's College. In the event I become a student at The Master's College, I hereby waive my right of access to this letter of reference.

SIGNATURE OF APPLICANT

DATE

TO BE COMPLETED BY REFERENCE ONLY

The candidate named above is applying for a grant from The Master's College. The Office of Financial Aid finds candid, thorough evaluations invaluable in the decision-making process. Please feel free to include any information on the candidate that you feel is pertinent, and remember that your prompt appraisal will help to assure full consideration. Please complete this form and return to the address highlighted above with any additional comments attached.

What is your relationship to the applicant? _____

How long have you known the applicant? _____

How is the applicant involved in the life of your church?

What is your understanding of the applicant's plans post-graduation?

If applicable, would the church consider assisting the applicant with housing needs or a Ministry Matching Grant*? ☐ Yes ☐ No

If yes, please specify.

* For more information regarding Ministry Matching Grants, please visit: masters.edu/churchmatch

(continued on reverse)

What areas of growth have you observed in the student during your interaction with him/her?

Is there anything else that you would like to share with us regarding your interaction with this student or the student's interaction with the church?

REFERENCE CONTACT INFORMATION

NAME		EMAIL
NAME OF ORGANIZATION	TITLE	PHONE ()
CURRENT ADDRESS		CITY/STATE/PROVINCE/POSTAL CODE
SIGNATURE OF REFERENCE		DATE

