

CATHEDRAL INTERNATIONAL

P.O. BOX 1608
277 Madison Avenue
Perth Amboy, New Jersey 08862

Cathedral Service Verification Form

Student Name: _____

Ministry Name: _____

Ministry Head: _____

Ministry/Church location: _____

Please rank the student by circling the following areas and return this form to the student for submission with the scholarship application.

	Excellent	Good	Average	Below Average	Poor
Attitude	10	8	6	4	0
Integrity	10	8	6	4	0
Interpersonal Skills	10	8	6	4	0
Level of Involvement	10	8	6	4	0
Willingness to Serve	10	8	6	4	0

Comments: _____

Ministry Head Signature: _____ Date: _____

NOTE: For those away at college, please have the following Community Service Form completed by your Campus Ministry Director, a local Pastor or a representative where you are serving and attending church.