School of Biblical Studies
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OHIO VALLEY UNIVERSITY

1 Campus View Drive, Vienna, WV 26105-8000

BIBLE SCHOLARSHIP REFERENCE FORM

APPLICANT (TO BE COMPLETED BY STUDENT APPLICANT)

Bible Scholarship Applicant (please print): _____ Date: ____ / ____ / ____

In completing this form and submitting it to a person I have chosen to provide a recommendation, I agree to have this information released to the School of Biblical Studies at Ohio Valley University.

☐ I waive my right to have access to this information ☐ I **do not** waive my right to have access to this information

Signature: _____

REFERENCE (TO BE COMPLETED BY PERSON PROVIDING RECOMMENDATION)

The student above is applying for a Bible scholarship award at Ohio Valley University, and this reference is a part of the required process. Please provide us with your evaluation of this student, giving special attention to their demonstrated potential for work with the Church. The information you provide will be carefully considered by the Bible scholarship committee. Please return this form as soon as possible, and attach an additional sheet if necessary. Thank you for your consideration.

Signature: _____

REFERENCE PROVIDER PERSONAL INFORMATION (PLEASE PRINT):

Name: _____ Date: ____ / ____ / ____

Address (Street or PO Box): _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Congregation: _____ Position/Title: _____

Please submit this reference in confidence to: School of Biblical Studies, Ohio Valley University, 1 Campus View Drive, Vienna, WV 26105-8000.
For additional information email bible@ovu.edu. Visit us at www.ovu.edu