

**2021 Application Deadline:  
Postmarked by 4/16/2021**

**The Salvation Army  
Pearl Linden Scholarship  
2445 Prior Ave North  
Roseville, MN 55113  
651-746-3546 fax  
[www.thesalarmy.org](http://www.thesalarmy.org)**



**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Student's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: MN Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**References MUST be two adults that are not related to you!  
(Examples: teacher, work supervisor, mentor)**

**RELATIONSHIP**

How long have you known the applicant? \_\_\_\_\_ Are you related to this applicant? \_\_\_\_\_  
In what capacity do you know the applicant? \_\_\_\_\_

**VOLUNTEER SERVICE**

Is this applicant an active volunteer in his or her community? \_\_\_\_\_  
How are you aware of his or her volunteer service? \_\_\_\_\_  
Has the applicant indicated to you an interest in volunteering for a worthy non-profit agency and/or church beyond college graduation? \_\_\_\_\_

**PERSONALITY**

Please indicate your impression of the above named applicant in the following areas:

**Character:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Integrity:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Potential of this person:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason you feel this applicant is deserving of this award:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please mail or fax to Dave Johnson by 4/16/2021  
Linden Scholarship  
2445 Prior Ave North  
Roseville, MN 55113  
Fax Number: 651-746-3546**