



**YOUTH VISION WA SCHOLARSHIP
MINISTRY SUPERVISORS CONFIDENTIAL FEEDBACK FORM**

To be completed by the Ministry Supervisor at the end of first and second semester and returned to the ACTIVATE Coordinator.

Please return this form ASAP to Emily Dickinson.

Student's Name: _____

Ministry Supervisor's Name: _____

Is the Ministry Training Scholarship Program meeting your expectations? **YES / NO**

Comments: _____

Are there any issues resulting from your relationship with the student that you wish to make known to the college? **YES / NO**

Comments: _____

Would you like the ACTIVATE Coordinator to call you about these or any other matters? **YES / NO**

Please include any other comments that you wish to make:

Ministry Supervisor's Signature: _____

Date: _____