



## Recommendation for Research Grant Applicant

Name of the Applicant:

Degree

Title of the Study:

Thesis/Dissertation Adviser:

This form is to be completed by the director ifor APNTS Research Grants. The grant funds cover expenses associated with research projects that meet the APNTS Research Agenda.

Note: Please return promptly to

M. Joy Pring, Director of Research  
Asia-Pacific Nazarene Theological Seminary  
Ortigas Avenue Extension, Kaytikling,  
Taytay 1920, Rizal, Philippines  
Email: research@apnts.edu.ph

1) How familiar are you with the work for which this student is requesting funding?

- Not familiar at all
- Slightly familiar
- Moderately familiar
- Very familiar
- Extremely familiar

2) Have you reviewed the student's proposal (project description & budget)?

- Yes
- No

3) Please assess the quality of the student's work on this project:

- Good
- Very Good
- Excellent
- Exceptional

4) Please evaluate the importance of the student receiving funds for achieving the goals outlined in the proposal:

- Student could accomplish the goals without funding (e.g., other sources of funds, using library resources, etc.)
- Student could accomplish some but not all goals without funding
- Student would not be able to engage in the proposed project without funding

5) Recommendation: Please briefly state why you believe the student deserves to receive the grant: