

Pastoral Reference

Complete Section I and have your pastor, youth pastor, or other church leader within the church you attend complete Section II. **Whomever you choose needs to know you well and must not be related to you.**

I. To be completed by the Applicant (Please print or type)

Year applied: _____ Term: Fall Winter Campus: Florida New York Ontario, Canada

Name of applicant: _____

LAST NAME

FIRST NAME

MIDDLE NAME

Applicant's address: _____

NUMBER AND STREET OR ROUTE AND BOX

CITY

STATE/PROV.

POSTAL/ZIP CODE

Phone number: _____ E-mail address: _____

I willingly waive my right of access to see this recommendation knowing that this waiver is not required as a condition for admission.

Applicant's Signature: _____

II. To be completed by the pastor, youth leader, or other church leader

As a church leader in the above applicant's life, your comments and recommendation are important to us; therefore, please provide your complete and careful evaluation. *You must know the applicant well and must not be related to the applicant to complete this form.*

1. How long have you known the applicant? _____

2. How well do you know the applicant? _____

3. Does the applicant attend services regularly? Yes No Unknown

Indicate level of involvement: Very Involved/leader Involved Not Involved

4. Does the applicant give evidence of being born again? Yes No Unknown

5. Is the applicant living a consistent Christian Life? Yes No Unknown

6. How would you rate the applicant's Christian testimony among his/her peers? Positive Neutral Negative

Comments: _____

7. How would you describe the applicant's testimony of purity within the last year?

Honorable/above reproach Have not observed Questionable* Definite problem*

* Please explain: _____

8. How would you rate the applicant's attitude toward authority?

Consistent with biblical teaching Have not observed Questionable* Definite problem*

*Please explain: _____

9. What are the applicant's strong points? _____

10. What areas need strengthening in the applicant's life? _____

11. Give a brief summary of the applicant's family background/home life: _____

Please omit all questions in which you have not had the opportunity to observe the student. Check the box by the rating which indicates your estimate. Additional remarks for fuller explanation are most helpful.

	RATING	REMARKS
Tactfulness	<input type="checkbox"/> Very sensitive to others <input type="checkbox"/> Usually courteous <input type="checkbox"/> Sometimes untactful <input type="checkbox"/> Insensitive to others	
Emotional Stability	<input type="checkbox"/> Well balanced <input type="checkbox"/> Unresponsive <input type="checkbox"/> High strung, but controlled <input type="checkbox"/> Excitable, easily upset	
Leadership	<input type="checkbox"/> Inspiring leader <input type="checkbox"/> Occasionally takes leadership <input type="checkbox"/> Able to lead, but not eager to lead <input type="checkbox"/> Follower, never a leader	
Judgment	<input type="checkbox"/> Discerning <input type="checkbox"/> Good common sense <input type="checkbox"/> Average <input type="checkbox"/> Lacks common sense	
Sense of Responsibility	<input type="checkbox"/> Excellent <input type="checkbox"/> Usually accepts <input type="checkbox"/> Avoids when possible <input type="checkbox"/> Generally irresponsible	
Personal Appearance	<input type="checkbox"/> Well groomed <input type="checkbox"/> Neat, plain <input type="checkbox"/> Neglects fine detail <input type="checkbox"/> Careless	
Academic Ability	<input type="checkbox"/> Very superior <input type="checkbox"/> Alert (above average) <input type="checkbox"/> Average <input type="checkbox"/> Below average	

Additional Comments: _____

Recommendation Concerning Acceptance

Highly Recommend Recommend Recommend with reservation Prefer not to recommend Please call to discuss

Name (please print): _____ Title: _____

Church Name: _____ Denomination/Affiliation: _____

Church Address: _____

Phone: (_____) _____ Email: _____

Signature: _____ Date: _____ I am an alumnus of Word of Life Bible Institute

Mail or fax this completed reference directly to...

New York and Florida Applicants:

Admissions Office
 Word of Life Bible Institute
 PO Box 129
 Pottersville NY 12860-0129
 Fax (518) 494-1534

Ontario Applicants:

Admissions Office
 Word of Life Bible Institute
 RR #8
 Owen Sound ON N4K 5W4
 Fax (519) 376-9893