

APPLICANT INFORMATION - TO BE COMPLETED BY THE APPLICANT (PLEASE PRINT OR TYPE) ▼

Year Applied: _____ Term: Fall Winter Campus: Florida New York Ontario

Name of applicant: _____
LAST FIRST MIDDLE

Applicant's address: _____
NUMBER AND STREET OR ROUTE AND BOX CITY STATE/PROV POSTAL/ZIP CODE

Phone Number: () - Email 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 Signature: _____

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 Negative Neutral

Comments: _____

7. How would you rate the applicant's Christian 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*

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	
Judgement	<input type="checkbox"/> Discerning <input type="checkbox"/> Good common sense <input type="checkbox"/> Average <input type="checkbox"/> Lacks cocmmon 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: _____ Title: _____
 Church Name: _____ Denomination/Affiliation: _____
 Church Address: _____
NUMBER AND STREET OR ROUTE AND BOX CITY STATE/PROV POSTAL/ZIP CODE
 Phone Number: () - Email Address: _____
 Signature: _____ Date: _____ I am an alumnus of Word of Life Bible Institute

MAIL OR FAX THIS TESTIMONY WORKSHEET DIRECTLY TO:

- Florida** • Word of Life Bible Institute Admissions Office • 13001 Word of Life Drive • Hudson, FL 34669 • Fax: 727.856.9349 • Email: fladmissions@wol.org
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