

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 TEACHER, EMPLOYER OR CHURCH LEADER ▼

As an authority figure 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 and in what capacity? _____

2. How well do you know the applicant? _____

3. Is the applicant: Single Engaged Married Widowed Remarried Separated Divorced

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

5. What is the applicant's relationship with their peer group? Sought Out Accepted Tolerated Avoided

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

Comments: _____

7. How successful has the applicant been in school or work? _____

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: _____

12. Is the applicant's family supportive of their decision to attend Word of Life Bible Institute? Yes No*

*Please explain: _____

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:
New York Applicants • Admissions Office • 4200 Glendale Rd • Pottersville, NY 12860 • Fax: 518.494.1524 or admissions@wol.org
Florida Applicants • Admissions Office • 13001 Word of Life Drive • Hudson, FL 34669 • Fax: 727.856.9349 or fladmissions@wol.org
Ontario Applicants • Admissions Office • RR #8 • Owen Sound, ON N4K5W4 Canada • WOLBI.CA • Fax: 519.376.9893 or admission@wolbi.ca