

Pastoral Recommendation

This section should be completed by the applicant

Name: First _____ Last _____

Address _____ City _____

State _____ Zip Code _____ Home Phone () _____

I authorize the pastor listed on this form to complete this recommendation and return it to NLBCS I understand that this form is confidential and that I will not be entitled to review the completed document. I release this pastor and NLBCS from all claims, liabilities and damage that could arise from disclosure of information consistent with authorization.

Signature _____ Date _____

A pastor should complete this section

Pastor's Name: First _____ Last _____

Church Name _____ Denomination _____

Address _____ City _____

State _____ Zip Code _____ Work Phone () _____

How long have you known the applicant? _____

How well do you know the applicant? Very Well Well Casually

Do you believe the applicant has a personal relationship with Jesus Christ? Yes No
Do you believe the applicant possesses the necessary qualities to succeed at NLBCS?

Yes No If no, what are they lacking? _____

Rank the following areas: Excellent Above Average Average Below Average

Leadership

Emotional Stability

Peer Relationships

Spiritual Maturity

Morality

Social Skills

Submission to Authority

Comments _____

Is there any reason why the applicant should not be admitted to New Life Bible College?

Based on the above information, I strongly recommend recommend do not recommend this applicant for admission.

Signature _____ Date _____