

PASTORAL REFERENCE FORM

This reference form should be completed by your pastor and mailed directly to the admissions office

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE APPLICANT:

Legal Name(Printed):	City:		
Permanent Address:			
State:	Zip Code:		
Phone Number:			
the understanding that its contents will not b	t is being submitted directly to the admissions office with be shared with me. I willingly waive my right to see the m, knowing that this wavier is not required as a condition] Yes [] No		
Signature:	Date:		
THE FOLLOWING SECTION IS TO BE COMP	LETED BY THE APPLICANT'S PASTOR:		
, ,	itly appreciated. This information will be helpful to fit our educational program. If you are related to the another responsible person. Thank you!		
1. How long have you known the applic	cant? In what capacity?		

2. ••		ell do you know the applicant? (PLEASE CIRCLE APPROPRIATE ANSWER)
*	WELL	·
	CASUA	LLY
	SOMEV	
3.	To wha	t extent is the applicant involved in your church? (PLEASE CIRCLE APPROPRIATE R)
*	NO INV	OLVEMENT
*	SOMEV	VHAT INVOLVED
*	DEEPLY	INVOLVED
4.		t form of Christian Service has the applicant been involved in? To the best of your dge, please briefly describe his/her experience.
5.	Please	note your observation in the following areas:
	*	EVIDENCE OF FINANCIAL RESPONSBILITY:
	•	EVIDENCE OF FINANCIAL RESPONSBILITY.
	*	RELATIONS WITH THE OPPOSITE SEX:
	*	ABILITY TO GET ALONG WITH OTHERS:
	*	STRENGTHS AND WEAKNESSES, PERTAINING TO CHARACTER:

•	SPECIAL ABILITIES:

6. PLEASE PLACE A CHECKMARK IN THE APPROPRIATE BOX-

	YES	NO	N/A
IN YOUR OPINION, IS THE APPLICANT A COMMITTED CHRISTIAN?			
DO YOU BELIEVE THE APPLICANT HAS THE FITNESS AND APTITUDE FOR			
COLLEGE?			
IS THE APPLICANT EMOTIONALLY FIT FOR FULL-TIME CHRISTIAN			
SERVICE?			
HAS THE APPLICANT BEEN DIVORCED OR SEPARATED?			
IF THE APPLICANT IS MARRIED, IS HIS/HER SPOUSE IN FULL			
AGREEMENT WITH THEIR CHOICE TO ATTEND BRIDGES CHRISTIAN			
COLLEGE?			
TO THE BEST OF YOUR KNOWLEDGE, HAS THE APPLICANT			
PARTICIPATED IN THE USE OF INTOXICANTS, TOBACCO, OR ILLEGAL			
DRUGS?			
IF YOU ANSWERD "YES" TO THE PREVIOUS QUESTION, PLEASE EXPLAIN			
FURTHER:			
	1		ĺ

7. PLEASE PLACE A CHECKMARK THE APPROPRIATE BOX-

	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	INFERIOR	NO CHANCE TO OBSERVE
		AVEIVIGE			TO OBSERVE
MENTAL ABILITY					
INITIATIVE					
EMOTIONAL STABILITY					
INTEGRITY					
LEADERSHIP					
CONCERN FOR OTHERS					
ABILITY TO ACCEPT					
CRITICISM					
COOPERATION					
ATTITUDE TOWARD					
AUTHORITY					
RELIABILITY					
TEACHABILITY					
PERSONAL APPEARANCE					
CHRISTIAN LIFE					

8.	Please circle which recommendation you would give the applicant:			
*	HIGHLY RECOMMEND			
*	RECOMMEND WITH RESERVATIONS			
*	NO RECOMMENDATION			
9.	ADDITIONAL COMMENTS:			
10.	PASTOR'S INFORMATION: Pastor's PRINTED Name:		Title or Position in Church:	
	Church Name:		This of Fosition in Charen.	
	Physical Address:	City:		
	State:	Zip Code:	Denomination:	
	Mailing Address:	City:	Church Phone:	
	State:	Zip Code:		
	Date:	l	Email:	
	By signing this document, you a Signature:	re verifying that the a	above information is accurate.	

Please fax or mail this form to:

Bridges Christian College c/o Admissions Office P.O. Box 15138 New Orleans, LA 70175

Fax: 855-702-7434

Your comments will receive our full consideration