

2. How well do you know the applicant? (PLEASE CIRCLE APPROPRIATE ANSWER)

- ❖ VERY WELL
- ❖ WELL
- ❖ CASUALLY
- ❖ SOMEWHAT

3. To what extent is the applicant involved in your church? (PLEASE CIRCLE APPROPRIATE ANSWER)

- ❖ NO INVOLVEMENT
- ❖ SOMEWHAT INVOLVED
- ❖ DEEPLY INVOLVED

4. In what form of Christian Service has the applicant been involved in? To the best of your knowledge, please briefly describe his/her experience.

5. Please note your observation in the following areas:

❖ EVIDENCE OF FINANCIAL RESPONSIBILITY:

❖ 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:			

7. PLEASE PLACE A CHECKMARK THE APPROPRIATE BOX-

	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	INFERIOR	NO CHANCE 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:		
Physical Address:	City:	Denomination:
State:	Zip Code:	
Mailing Address:	City:	Church Phone:
State:	Zip Code:	
Date:		Email:

By signing this document, you are verifying that the above information is accurate.

Signature: _____

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