



## PASTOR'S REFERENCE FORM

### TO BE COMPLETED BY APPLICANT

Print Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Evening Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

**I understand that this confidential statement is being submitted directly to the Admissions Office with the understanding that its contents will not be shared with me. I willingly waive my right to see the confidential statement submitted on this form, knowing that this waiver is not required as a condition of admission.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY APPLICANT'S PASTOR

The above named individual is applying for admission to Urban Bible College and has identified you has his/her pastor. Your cooperation in answering the following questions is greatly appreciated. This information will be used in helping us decide upon this applicant. ***Please send the completed form directly to the Admissions Office.*** If you are related to the applicant, this evaluation should come from another responsible person. Thank you for the assistance.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_  
\_\_\_\_\_

2. How well do you know the applicant? \_\_\_\_slightly \_\_\_\_casually \_\_\_\_well \_\_\_\_very well.

3. To what extent is the applicant involved in your church?  
\_\_\_\_\_ no involvement \_\_\_\_\_ slightly involved \_\_\_\_\_ deeply involved.

4. In what form of Christian Service has the applicant been engaged? Briefly evaluate his/her success.

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5. Please indicate your observations in the following areas: (Add additional pages as needed)

Evidence of financial responsibility \_\_\_\_\_

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Relationship with the opposite sex \_\_\_\_\_

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Relationship with the children \_\_\_\_\_

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Ability to get along with others \_\_\_\_\_

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Personal character including strengths and weaknesses \_\_\_\_\_

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Special abilities \_\_\_\_\_

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6. Please answer the following with the proper response: Yes, No, or Unsure.

- a. Do you believe the applicant is a committed Christian? \_\_\_\_\_
- b. In your judgment, does the applicant possess the fitness and aptitude for college? \_\_\_\_\_
- c. Is the applicant emotionally able to engage in full-time Christian service? \_\_\_\_\_
- d. If the applicant is married, do you believe his/her spouse is in full agreement with the decision to attend Urban Bible College? \_\_\_\_\_
- e. To your knowledge, has the applicant participated in the use of intoxicants, tobacco, or illegal drugs? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- f. To your knowledge, has the applicant engaged in any other addictive/compulsive behavior? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How do you rate this person in the following areas?**

If your response is unknown, please leave the line blank

Area	Superior	Above Average	Average	Inferior
Mental Ability				
Emotional Stability				
Able to Cope with Stress				
Leadership				
Concern for Others				
Ability to Accept Criticism				
Cooperation				
Attitude Toward Authority				
Personal Appearance				
Christian Life				
Reliability				
Integrity				

**Knowing the applicant as you do, what recommendation would you make?**

\_\_\_\_\_ Strongly recommend    \_\_\_\_\_ Recommend    \_\_\_\_\_ Recommend with reservation

\_\_\_\_\_ Do not recommend    \_\_\_\_\_ Prefer not to make a recommendation

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Title in the church: \_\_\_\_\_

Church Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please accept our thanks for the time and effort you have given in assisting us in our admission process. Your comments will receive full consideration.**

**Please return promptly to:**

Urban Bible College  
Admissions Office  
2224 W. Kilbourn Ave.  
Milwaukee WI 53233  
Phone # 414-931-6670  
Fax # 414-931-1804