

# CHARIS BIBLE COLLEGE OF JACKSONVILLE

## PASTOR'S RECOMMENDATION

**Note: This section must be completed by applicant.**

**TO THE APPLICANT:** This recommendation should be completed by your pastor and mailed directly to the Registrar. If your pastor is your parent, spouse, or other family member, ask another member of the church's pastoral staff to complete this form. If a person other than your pastor (assistant pastor or youth pastor) completed the form, an explanation should be provided.

Date \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**TO THE PASTOR:** The above-named individual is applying for admission to Charis Bible College of Jacksonville. Serious consideration will be given to your comments. Thank you for your assistance. Once you have completed the form, please mail it to the Registrar at P.O. Box 532, Ponte Vedra Beach, FL 32004

1. How long have you known the applicant? (must be six months or longer) \_\_\_\_\_  
In what capacity? \_\_\_\_\_
2. How well do you know him/her? (Please check one)  
 Very well—pastoral relationship       Fairly well—numerous personal contacts  
 Casually—few personal contacts       By name/sight
3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?  
 Yes    No    I don't know
4. To what extent is the applicant engaged in the activities of your church? (Please check one.)  
 Enthusiastic, deeply involved       Cooperative, usually willing to help  
 Seldom participates, although attends regularly       Attends irregularly, shows little interest
5. In what form of Christian service has the applicant participated regularly? \_\_\_\_\_  
\_\_\_\_\_
6. Please indicate what you consider to be the applicant's strengths. \_\_\_\_\_  
\_\_\_\_\_
7. Please indicate what you consider to be the applicant's weaknesses. \_\_\_\_\_  
\_\_\_\_\_
8. To your knowledge, does the applicant:    Smoke?  Yes    No    Drink alcohol?  Yes    No  
Use illegal drugs?  Yes    No    Comments: \_\_\_\_\_

9. Please describe home factors of which you are aware that might affect the applicant's success at Charis Bible College.

---

10. The applicant's influence on his or her peers is:  positive  neutral  negative  I don't know

11. Please evaluate the applicant in regard to the following categories. (Please circle one.)

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Christian commitment	1	2	3	4	5	6
Social adaptability	1	2	3	4	5	6
Cooperativeness	1	2	3	4	5	6
Integrity and honesty	1	2	3	4	5	6
Responsibility	1	2	3	4	5	6
Mental ability	1	2	3	4	5	6
Physical health	1	2	3	4	5	6
Initiative	1	2	3	4	5	6
Christian character	1	2	3	4	5	6
Emotional stability	1	2	3	4	5	6
Personal appearance	1	2	3	4	5	6
Leadership	1	2	3	4	5	6
Reliability	1	2	3	4	5	6

12. Please add any further comments you may have that would help in our evaluation. \_\_\_\_\_

---

**Please check one:**

- I highly recommend  I recommend  
 I recommend *with* reservation  I *cannot* recommend

**Please print or type the information below:**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Name of church and denomination \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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

Please return this form to:  
Charis Bible College of Jacksonville  
Attn: Registrar, P.O. Box 532, Ponte Vedra Beach, FL 32004