

PASTOR'S RECOMMENDATION

If the pastor is a relative, please use an assistant pastor, youth pastor, or some other Christian leader for this reference.

Mail to:

**Admissions Office/Trinity Baptist Bible College
2212 N. Davis, Arlington, TX 76012**

Please type or print in ink. Please fill out completely.

Part I: To be completed by the applicant.

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone Number: (_____) _____ Entrance Date: Fall 200__ Summer 200__ Spring 200__

Birth Date: ____/____/____ Social Security Number: _____-_____-_____

Signed: _____ Date: _____

Part II: To be completed by the pastor or other Christian leader—see above.

The person named above has applied for admission to Trinity Baptist Bible College. We value your comments highly and ask that you give a complete and candid report so that fair consideration may be given to the applicant. Upon completion of this form, please return it to the Admissions Office at the address noted above. **DO NOT GIVE THIS FORM TO THE APPLICANT.** For assistance with this form, please call (817) 460-7940.

Confidential

How long have you known the applicant?

Please describe your relationship with the applicant.

Please give your general impression of the applicant.

Please list strengths of the applicant.

Please assess your perception of the applicant's potential academic potential.

Please describe the spiritual maturity and Christian character of this applicant.

Please rate the applicant on the following characteristics:

	Superior	Very Good	Average	Poor	Unknown
Dependability	_____	_____	_____	_____	_____
Moral character	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
General Intelligence	_____	_____	_____	_____	_____
Integrity	_____	_____	_____	_____	_____

Would you recommend that we accept this applicant for admission to Trinity Baptist Bible College?

- With Enthusiasm Strongly With Reservations Not At This Time

Name: _____ Church Name: _____
Last First

Church Address: _____
Street City State Zip

Position/Title: _____

Mailing Address: _____
Street City State Zip

Daytime Telephone Number: (_____) _____

Signed: _____ Date: _____