



THE PASTOR'S CONFIDENTIAL REFERENCE

The individual providing this reference must be a non-family member and must have known the applicant for at least 2 years.

_____ has applied for admission to NEBC. Your prayerful and honest response to the following questions will assist the Admissions Committee in evaluating this person for undergraduate studies. **If there is any matter that you think would hinder the applicant's ability to succeed in college education in a Christian environment of which the committee should be aware, please do not hesitate to note this in the "additional comments" section on the last page of this packet.**

Please type or print with black or blue ink and answer all items. Return the form directly to NEBC. Thank you for your assistance.

Name of Reference: _____

Telephone number: (____) ____ - _____ E-mail address: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Are you the applicant's current pastor? No Yes

If no, please explain:

How long have you known this applicant? _____

Approximate date of close association: _____ to _____

Do you have any concerns about the applicant's personal habits, spiritual maturity, or moral character that would negatively affect your recommendation? No Yes

If yes, please explain:



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Please check the area that you feel would most apply to the applicant you're referencing.

	<u>Excellent</u>	<u>Above Avg.</u>	<u>Average</u>	<u>Below Avg.</u>	<u>Poor</u>	<u>No info.</u>
Christian character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance/neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any reservation about recommending this person for admissions?

No Yes – **if yes**, please explain:

If you were in a position to do so, would you employ this applicant in a work/ministry position? No Yes – **if yes**, please explain:



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Please mail all of these forms directly to:

Northeastern Baptist College
PO BOX 4600
Office of Admissions
Bennington, VT 05201

If necessary, list other persons that you believe we should contact before giving approval to this applicant.

Name: _____ Relationship to Applicant: _____

Telephone number: (____) ____ - _____ E-mail address: _____

Name: _____ Relationship to Applicant: _____

Telephone number: (____) ____ - _____ E-mail address: _____

Please use the following area to make any additional comments:

NOTE: This form is confidential. It will not be released to anyone other than those directly involved with the Approval Process.

The Office of Admissions may be reached at (802) 753-7233 Monday through Friday if you have any questions concerning your reference for the applicant.

Please sign and date below, and please provide the number of years you have served in the ministry.

Signature Date Number of years