

FOUNDATION BAPTIST COLLEGE

CHURCH REFERENCE

TO BE COMPLETED BY THE STUDENT

Applicant's Name _____ Phone _____
Address _____

TO BE COMPLETED BY PASTOR OR CHURCH OFFICER

The person named above wishes to study at Foundation Baptist College, and has selected you as a reference. We appreciate your input in helping us to make appropriate decisions. Please mail the completed form to Foundation Baptist College, 2215 17th St NW, Edmonton, AB T6T 1J1. For further information please call (780) 440-1195, or email info@foundationbaptistcollege.ca.

How long have you known the applicant? _____

How well do you know him or her? Slightly Casually Fairly well Very well

Do you believe he/she is born again? What evidence have you observed? _____

Describe the applicant's relationship with his/her...

Parents _____

Peers _____

Others _____

Is the applicant living a consistent Christian life? Please comment: _____

Describe the applicant's Church attendance. _____

What types of ministry has the applicant tried? Comment on his/her success. _____

What do you see as his/her greatest strengths and weaknesses?

Strengths _____

Weaknesses _____

Any additional comments?

Your name _____ Relationship to applicant _____

Name of church _____ Phone _____

Address _____

Your signature _____ Date _____