

Alpha Bible College and Seminary

PERSONAL RECOMMENDATION

NOTE: THIS SELECTION MUST BE COMPLETED BY APPLICANT

TO THE APPLICANT: Each applicant to ABCS is required to submit a personal recommendation for review by the administration. Please complete this entire selection. Then give this form to the person you choose to have complete it.

Date _____ Applicant's Name _____

Present Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail _____

TO THE PERSON COMPLETING THIS RECOMMENDATION: The above named individual is applying for admission to Alpha Bible College and Seminary. Serious consideration will be give to your comments. Thank you for your assistance. Once you have completed the form, please mail it to the school (address on reverse).

1. How long have you known the applicant? _____
2. Relationship to the applicant is: _____
3. Are you related to the applicant? _____ If yes, how? _____
4. How well do you know the applicant? Sight Casual Fairly Well Very Close
5. To your knowledge, has the applicant made a personal commitment to Jesus Christ?
Explain. _____

6. How would you best describe the applicant? _____

7. To your knowledge, what Christian service does the applicant fulfill (such as Sunday school teacher, youth leader, nursery worker)? _____

8. Please indicate what you consider to be the applicant's strengths: _____

9. Please describe any weaknesses of the applicant of which we should be aware: _____

10. The applicant's influence on his or her peers is: Positive Neutral Negative

11. Please evaluate the applicant in regard to the following categories.

1= Excellent; 2=Above Average; 3=Average;
4=Below Average; 5=Poor; 6=No Chance to Observe

Christian Commitment _____

Social Adaptability _____

Cooperativeness _____

Integrity and Honesty _____

Responsibility _____

Mental Ability _____

Physical Health _____

Initiative _____

Christian Character _____

Emotional Stability _____

Personal Appearance _____

Leadership _____

Reliability _____

I Recommend I Recommend with *Reservation* I *Do Not* Recommend

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name of Church and Denomination _____

Position In Church _____

Signature _____ Date _____

Return To: Alpha Bible College/Po Box 758/Mt Sterling, KY 40353