



## PASTOR'S RECOMMENDATION

**This section to be filled out by the applicant:** Please fill in the information below and give this form to a pastor, youth pastor, or someone in authority within your church. **Please do not choose a family member to complete this recommendation.**

NAME OF APPLICANT	PHONE	E-MAIL ADDRESS
ADDRESS		CITY / STATE / ZIP
YEAR OF HS GRADUATION	SEMESTER APPLYING FOR	

**Applicant's Waiver of Right of Access to Confidential Reference:**

By my signature below I hereby waive my right to access the information contained in this reference form and agree that the statement shall remain confidential.

APPLICANT'S SIGNATURE	DATE
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**TO THE CHURCH LEADER:** The above candidate has applied to become a student at the Association Free Lutheran Bible School. Please fill in this form and return it to the Bible School. Do not reply to items that you are unsure of or have not had opportunity to observe.

- How long have you known the applicant? \_\_\_\_\_
- Relationship to the applicant:     Pastor     Youth Pastor     Church Leader     Other \_\_\_\_\_
- What is the nature of the applicant's commitment to Jesus Christ?
  - Testifies to a personal relationship with Jesus as Lord and Savior
  - Does not appear to have a personal relationship with Jesus Christ
  - I am unsure
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- What is the nature of the applicant's commitment to church participation?
  - Actively involved in congregational life
  - Some involvement
  - Rarely attends or no involvement

5. Please rate the applicant:	Excellent	Good	Average	Poor	Unsure
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please share areas where the applicant may need guidance and supportive understanding. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please comment on any struggles in the applicant's family that may affect the applicant emotionally, physically, or spiritually. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. The primary function of AFLBS is to teach students who are seeking to grow in their faith. Our desire is to minister to all, but we are not equipped or designed to assist those with serious emotional or social problems. With this in mind, is there any additional information that would help us fairly evaluate the applicant for admission?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Recommendation for study at AFLBS:  I highly recommend  
 I recommend with reservations  
 I do not recommend

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. I would like to speak with someone regarding this applicant:  Yes  No  Feel free to call me if needed.

11. I would like a packet of AFLBS information:  Yes  No

12. I would like AFLBS information sent to the following person(s):

_____	_____
Name	Address
_____	_____
Name	Address
_____	_____
Name	Address

**Thank you for taking the time to complete this reference form.** If there are additional facts which we should know, please write them on a separate sheet. You may also include the names and addresses of additional references that you think would be of help in evaluating this applicant.

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Address	City, State Zip	Phone Number
_____	_____	_____
Title	Church, Ministry Organization, or Employer	

To increase the applicant's control over the timetable of the application process, we are using a self-managed application. Please (1) **seal** the personal reference in an envelope, (2) **sign** across the flap, and (3) **return to the applicant** the sealed envelope to be included with his or her application. **If the applicant does ask you to mail this form, please send it to:**

**Association Free Lutheran Bible School  
3134 East Medicine Lake Blvd.  
Plymouth, MN 55441**