



TEACHER'S/EMPLOYER'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 |
|-----------------------|------|

TO THE TEACHER OR EMPLOYER: 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: Teacher Employer Other _____
- How does the applicant demonstrate a diligent attitude towards tasks?
 - Consistently completes tasks efficiently and on-time.
 - Completes tasks, but is often late.
 - Rarely completes a task given.
 Comments: _____

- What is the applicant's attitude towards positive authority?
 - Cheerfully and willingly obeys given guidelines.
 - Obeys only those guidelines the applicant is in agreement with.
 - Demonstrates a total disregard for authority.
 Comments: _____

| 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. How would you describe the applicant's relationship with peers or co-workers?
 Demonstrates positive leadership within relationships.
 Maintains positive interaction with peers and/or co-workers.
 Demonstrates a tendency to follow negative influences.
 Withdraws from relationships with others.
Comments: _____

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**