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## Christian Character Reference

### ***To be Completed by the Applicant:***

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

### ***To be Completed by the Church Leader:***

This questionnaire is to be completed by a Church Leader who is not a relative. Your comments will be given serious attention and will be regarded as confidential. Please mail the completed form directly to:

Office of Admissions  
Immanuel Bible College and Baptist Seminary  
P. O. Box 2667  
Peachtree City, GA 30269

1. How well do you know the applicant?  
Only slightly \_\_\_\_\_ Casually \_\_\_\_\_ Fairly well \_\_\_\_\_ Quite well \_\_\_\_\_  
How long? \_\_\_\_\_
2. To the best of your knowledge, has the applicant made a personal profession of faith in Jesus Christ? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_
3. To what extent has the applicant participated in the activities of the Church?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. In your estimation, does the applicant exert a good influence on his/her peers?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please explain on the reverse side.
5. Are you aware of any personality traits which hinder the applicant in relationships with others? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain on the reverse side.



6. Please comment on any special circumstances, home conditions, health, etc., which might prove helpful in considering the applicant's admission to the College/Seminary:

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7. Please circle your recommendation of the applicant's admission to Immanuel Baptist College/Seminary:

**Highly Recommended**

**Recommended**

**Recommended With Reservations \***

**Not Recommended\***

*\*Please indicate the reason(s) on a separate sheet.*

Church Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Print your full name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_