



PASTOR'S RECOMMENDATION

INSTRUCTIONS

After completing the first section, please give this form to your pastor. If your father is the pastor, please give this form to another minister or officer in the church. No action can be taken on your application until the Admissions Office receives this form.

TO BE READ AND COMPLETED BY THE STUDENT

I am authorizing the release of the following information to be considered in my application for admission to Crown College, and I understand that all information will be held in confidence by the college and will not be released to me or anyone else. I understand that this recommendation will be mailed directly to Crown College by my pastor.

Student name (please print)

Signature of student

Address

City

State

Zip

() Phone number

Semester applied for: Fall Spring 20

Program applying for: Undergraduate Graduate Extended Studies

TO BE READ AND COMPLETED BY THE PASTOR

Thank you for taking the time to complete this recommendation. Your comments will be given serious attention and will be held in confidence by the college. Please answer all the questions. Should we need further information, we will contact you by telephone.

What is the nature of your relationship to this person?

Please rate the applicant as to the following characteristics:

Characteristic	Excellent	Good	Average	Below Average	Unknown
Christian character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness to church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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How long have you known the applicant? _____

List significant strengths and special abilities of the applicant. _____

Would you want your children to be in close association with the applicant? _____

If no, why not? _____

Do you know of any reason which should prevent the applicant from being accepted to attend Crown College? _____ If so, please state reason. _____

To your knowledge, has the applicant accepted Jesus Christ as personal Savior? _____

To your knowledge, has the applicant followed Christ in believer's baptism? _____

To your knowledge, is the applicant a practicing tither? _____

You may use the space below for any additional information.

Signature

() _____
Phone number

Name (please type or print)

Date

Address

City

State

Zip

Please return the completed form to the Admissions Office. Thank you.