Bethesda Christian Bible Institute
14000 Metropolitan Parkway
Sterling Heights MI 48312
Phone: 586-264-0819

REFERENCE FORM

Name of Applicant: _____
Last First Middle

Address of Applicant: _____
Street City State Zip Code

Waiver:
I waive my right of access to this recommendation knowing that the waiver is not required for admission to the Bethesda Christian Bible Institute.

Applicant's Signature: _____

THE REMAINING PORTION OF THIS REFERENCE FORM IS TO BE COMPLETED BY YOUR PASTOR, AND A FRIEND OR COLLEAGUE (2 references are required - you must have a reference from your Pastor.)

Reference Items

The above named person is applying for admission to Bethesda Christian Bible Institute. Your comments about this person are important and will be kept in confidence. When completed, please mail directly to Dr. Ruth Whittaker, Director, Bethesda Christian Bible Institute. Thank you for completing this form.

1. **How long have you known the applicant? _____**

2. **Has the applicant made a commitment to Jesus Christ? _____**

3. **What are the applicant's strengths? (please comment)**

_____

_____

_____

4. **What are the applicant's weaknesses, if any? (please comment)**

_____

_____

_____

(continued on back)

5. Please rate the applicant on the following areas:

	Excellent	Above Average	Average	Below Average	No Chance to Observe
Christian commitment					
Financial responsibility					
Initiative					
Potential leadership					
Cooperativeness					
Integrity					
Moral character					
Health					
Personal appearance					
Concern for others					

6. Other comments you have about the applicant as a potential student in the Bible Institute.

_____
_____
_____
_____
_____

Person completing the reference:

Name: _____ Date: _____

Address: _____
Street City State Zip Code

Phone: ( ) _____

Position: _____ (Pastor, friend or colleague - please circle)

Name of church affiliation and denomination: _____

_____
Signature