

Pastoral Reference Form

TO THE APPLICANT: This form should be given to your pastor to complete and return to the college. If you are related to the pastor, please have another church leader who is not related to you complete this form.

TO THE PASTOR: An applicant for admission to Hyles-Anderson College, the student named below, is required to submit a pastoral reference. This reference form is **not** to be returned to the applicant. If this recommendation changes before the applicant enrolls, please notify the Admissions Office. The back of the reference form may be used for additional comments. Your comments are important; please carefully complete the evaluation and return the form promptly to Office of Admissions, Hyles-Anderson College, 8400 Burr Street, Crown Point, IN 46307. This reference will remain confidential.

THIS FORM IS INVALID WITHOUT BOTH SIDES COMPLETED.

This section to be completed by the applicant.					
Applicant's Name _____		Phone () - _____			
Address _____		City _____	State _____		Zip _____
Semester of Planned Enrollment <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ <input type="checkbox"/> Fall 20____					
<i>This reference should be completed no more than fifteen (15) months before you plan to enroll.</i>					
How many years have you known this applicant?	<input type="checkbox"/> Less than 1	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-9	<input type="checkbox"/> 10+
How well do you know the applicant?	<input type="checkbox"/> By name/sight	<input type="checkbox"/> Casually (few personal contacts)	<input type="checkbox"/> Fairly well (numerous personal contacts)	<input type="checkbox"/> Very close relationship	<input type="checkbox"/> Unknown
How would you rate the applicant's Christian character?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's dependability?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's ability to get along with others?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's cooperation?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
How would you rate the applicant's general intelligence?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor	<input type="checkbox"/> Unknown
In considering the applicant, would you recommend him/her?	<input type="checkbox"/> With enthusiasm	<input type="checkbox"/> Yes	<input type="checkbox"/> With caution	<input type="checkbox"/> No (If no, please explain on back)	
Does this applicant pay his/her bills on time?	<input type="checkbox"/> Yes	<input type="checkbox"/> As far as I know		<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Would you consider hiring this applicant in the future?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		
Is this applicant the kind of person with whom you would want your son/daughter to be close friends?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		
If this applicant has not finished high school, when do you expect he/she will finish?	MM/YYYY				
Do you believe that this applicant is able to handle the normal college workload, activities, and requirements?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (If no, please explain on back)		
Does this applicant have any handicaps or disabilities?	<input type="checkbox"/> Yes (If yes, please explain on back)		<input type="checkbox"/> No		
Does this applicant have any significant factors in his/her background which we should know?	<input type="checkbox"/> Yes (If yes, please explain on back)		<input type="checkbox"/> No		

Additional comments:

Pastor's Signature

Date MM/DD/YYYY

Pastor's Name (please print)

If Not Pastor, Position in the Church

Church

Address

Apt. #

City

State

Zip

Country

United States

Other

Phone () -

Email address

Are you a Hyles-Anderson Alumni?

Yes, Class of _____

No

please submit this form to:

Hyles-Anderson College
Office of Admissions
8400 Burr Street
Crown Point, IN 46307

fax
219.365.2029

email
admissions@hylesanderson.edu