

PASTOR'S RECOMMENDATION

Golden State Baptist College

Mail to Admissions Office
Golden State Baptist College, 3520 De La Cruz Blvd., Santa Clara, CA 95054

Please type or print in ink. Please fill out completely.

Part I: To be completed by the applicant.

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone Number: (____) _____ Entrance Date: Fall 20____ Spring 20____

Birth Date: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Student Signature: _____ Date: _____

Part II: To be completed by the reference.

The person named above has applied for admission to Golden State Baptist College. We value your comments highly and ask that you give a complete and candid report so that fair consideration may be given to the applicant. Upon completion of this form, please return it to the Admissions Office at the address noted above. **DO NOT GIVE THIS FORM TO THE APPLICANT.** For assistance with this form, please call (408) 988-8551.

Confidential

How long have you known the applicant?

Please describe your relationship with the applicant.

Please give your general impression of the applicant.

Please list strengths of the applicant.

Please assess your perception of the applicant's potential for academic promise.

Please describe the spiritual maturity and Christian character of this applicant.

Please rate the applicant on the following characteristics:

	Superior	Very Good	Average	Poor	Unknown
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with others	<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"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Faithful	Frequent	Sporadic	Never	Unknown
Church attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soul winning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth group involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend that we accept this applicant for admission to Golden State Baptist College?

- With Enthusiasm Strongly With Reservations Not At This Time

Name: _____

Last

First

Middle

Church Name: _____

Position/Title: _____

Mailing Address: _____

Street

City

State

Zip

Daytime Telephone Number: (____) _____

Signature: _____ Date: _____