

# PASTORAL REFERENCE

*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. This form is invalid without both sides completed.

**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.

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

*Last*

*First*

*Middle*

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

*Street*

*City*

*State*

*Zip*

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Entrance Date: Fall 20\_\_\_\_ Spring 20\_\_\_\_

**To the Pastor:** 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. **Please do not give this form to the applicant.** For assistance with this form, please call (408) 988-8551. This reference will remain confidential.

How many years have you known this applicant?

- Less than 1     1-2 years     3-5 years     6-9 years     10+ years

How well do you know the applicant?

- By name/sight     Casually (few personal contacts)     Fairly well (numerous personal contacts)     Very close relationship     Unknown

How would you rate the applicant's Christian character?

- Excellent     Good     Average     Poor     Unknown

How would you rate the applicant's dependability?

- Excellent     Good     Average     Poor     Unknown

How would you rate the applicant's ability to get along with others?

- Excellent     Good     Average     Poor     Unknown

How would you rate the applicant's general intelligence?

- Excellent     Good     Average     Poor     Unknown

Would you consider hiring this applicant in the future?

- Yes     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?

- Yes     NO (If no, please explain on back)

Do you believe this applicant is able to handle the normal college workload, activities, and requirements?

- Yes     NO (If yes, please explain on back)

Does this applicant have any handicaps or disabilities?

- YES (If yes, please explain on back)     No

Does this applicant have any significant factors in his/her background which we should know?

- YES (If yes, please explain on back)     No

**In considering the applicant, would you recommend him/her?**

- With enthusiasm     Yes     With reservation     NO (If no, please explain on back)

**Additional comments:**

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Pastor's Name: \_\_\_\_\_  
*Last* *First* *Middle*

If Not Pastor, Position in the Church: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_