

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: _____