## PERSONAL RECOMMENDATION

GOLDEN STATE BAPTIST COLLEGE

PART I: TO BE COMPLETED BY THE APPLICANT.

## 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.

		7 71010	dle		
Mailing Address:					
Street	City	S	State	Zip	
Telephone Number: ()		Entrance Date: Fall 20	Spring 20	_	
Birth Date: / /					
Student Signature:		/ Date:/	1		

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 describe the spiritual matu	urity and Christia	n character	of this applicant.				
Please rate the applicant on the fo	ollowing characte	eristics:					
	S	Superior	Very Good	Average	Poor	Unknown	
Dependability							
Moral character							
Cooperation with others							
General intelligence							
Integrity							
	I	Faithful	Frequent	Sporadic	Never	Unknown	
Church attendance							
Soul winning							
Youth group involvement							
Bus ministry							
Would you recommend that we ac	ccept this applica	nt for admis	ssion to Golden St	ate Baptist College?			
☐ With Enthusiasm	☐ Strongly		Reservations	□ Not At This Tim	е		
Name:							
Last	First			Middle			
Church Name:							
Position/Title:							
Mailing Address:							
Street	City		State		Zip		
Daytime Telephone Number: (	)						
Signature:				Date:/ _	1	-	

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

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

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Telephone Number: ()		Entrance Date: Fall 20_	Spring 20	
Birth Date: / / /	_			
Student Signature:		/ Date:/	·//	
PART II: TO BE COMPLE The person named above has applied a complete and candid report so that the Admissions Office at the address (408) 988-8551.	for admission to Golden State Ba fair consideration may be giver	ptist College. We value your on to the applicant. Upon com	pletion of this form	n, please return it to
(400) 900-0001.				
	Confide	ential		
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Cooperation with others					
General intelligence					
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	Faithful	Frequent	Sporadic	Never	Unknown
Church attendance					
Soul winning					
Youth group involvement					
Bus ministry					
Would you recommend that we accept t	:his applicant for admis	ssion to Golden St	ate Baptist College?		
☐ With Enthusiasm ☐	Strongly   With	Reservations	□ Not At This Tim	ne	
Name:					
Last	First		Mic		
Church Name:					
Position/Title:					
Mailing Address:					
Street		City		State	Zip
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Signature:			Date://	1	_

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