



Ambassador Baptist College

Admissions Office
Ambassador Baptist College
PO Box 158
Lattimore, NC 28089
704-434-0303
admissions@ambassadors.edu

APPLICATION INSTRUCTIONS

To ensure rapid processing of your application, follow these steps.

1

Complete the **Application for Admission** and mail to the address below. Don't forget to attach a recent photograph and include your autobiography and non-refundable \$50 application fee!

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2

Complete the **Medical/Health Form**. Either you or your doctor should complete the **Immunization Record Form**. If you plan to stay in the dorm, you must take a physical exam and have your doctor complete the **Physical Examination Form**.

You may send these forms separately or together with your **Application for Admission**.

3

Fill out the **Request for High School Transcript** and give it to the high school from which you have graduated or will graduate. If you have attended college previously, complete the **Request for College Transcript** form and send it to that college; complete the **College Transfer Confidential Report** form and return it to Ambassador.

Both high schools and colleges should send your transcript directly to Ambassador.

Request official copies of your **ACT** or **SAT** scores to be sent to Ambassador. This will be done automatically if you specify our college ACT number 3053 or our SAT number 0760 when you take these tests.

4

Complete your section of the **Friend's Recommendation, Pastor's/Youth Pastor's Recommendation**, and **Employer's/Teacher's Recommendation** forms, distribute them to the appropriate people, and urge them to promptly complete and send the forms to Ambassador. It is customary to provide addressed, stamped envelopes when distributing these forms.



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Please attach
a current
photo here.

1

Application for Admission

Please fill out as completely as possible. Please print.

Enrollment Date

☐ Fall ☐ Spring ☐ Summer Year: _____

Residence Status

☐ Dormitory ☐ Commuting

Personal Information

Legal name: Mr. Mrs. Miss _____ ☐ Male ☐ Female
Last Name First Name Middle Name Maiden Name

Preferred name: _____ Social Security number: ____ - ____ - ____ Birth date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home phone: (____) _____ Cell phone: (____) _____

Place of birth: _____ Country of citizenship: _____

Marital status: ☐ Single ☐ Married ☐ Engaged ☐ Separated ☐ Divorced

Date married: ____/____/____ Spouse's name: _____

Have you ever been divorced? ☐ Yes ☐ No (If "yes," please explain the circumstances on a separate sheet of paper.)

Has your spouse ever been divorced? ☐ Yes ☐ No

Family Information (unmarried students only)

Father's name: _____ Occupation: _____
or legal guardian (indicate deceased if not living)

Father's address (if different from yours): _____

Email: _____ Home phone: (____) _____ Cell phone: (____) _____

Mother's name: _____ Occupation: _____
or legal guardian (indicate deceased if not living)

Mother's address (if different from yours): _____

Email: _____ Home phone: (____) _____ Cell phone: (____) _____

Parents' status: ☐ Married ☐ Separated ☐ Divorced If separated/divorced, with whom do you live? ☐ Mother ☐ Father

Church Information

Church name: _____ Denomination: _____

Address: _____

City: _____ State: _____ Zip: _____

Pastor: _____ Church phone: (____) _____ Cell phone: (____) _____

1 Application for Admission

Academic Information

Complete name of high school: _____ Home-schooled: ☐ Yes ☐ No

Address: _____

City: _____ State: _____ Zip: _____

Date of high school graduation: _____ or GED: _____
month/year month/year

Date the ACT was taken: _____ or date you plan to take the ACT: _____
month/year month/year

Date the SAT was taken: _____ or date you plan to take the SAT: _____
month/year month/year

List all colleges or universities which you have attended since high school; please have all transcripts sent to Ambassador.

School/address	Dates attended	Reason for leaving

Have you ever been dismissed or placed on academic probation? ☐ Yes ☐ No

Have you ever been dismissed or placed on disciplinary probation? ☐ Yes ☐ No

Confidential Information

Have you ever been convicted of a crime other than a minor traffic offense? ☐ Yes ☐ No

If "yes," please explain the nature of your offense on a separate sheet of paper.

Major

All undergraduate students major in Bible. Indicate your choice for your second major (check one):

Men

- ☐ Pastoral Studies
- ☐ Evangelism
- ☐ Missions
- ☐ Second Man Music
- ☐ Second Man Christian Education
- ☐ Youth Ministries

Women

- ☐ Missions
- ☐ Sacred Music
- ☐ Christian Elementary Education
- ☐ Church Ministries
- ☐ Associate of Church Secretarial Studies (2 years)

Both

- ☐ Graduate of Theology Diploma (3 years)
- ☐ Certificate in Bible (1 year)
- ☐ Undecided

Graduate Studies (see course catalog for criteria)

- ☐ Master of Sacred Theology—New Testament Major
- ☐ Master of Sacred Theology—Old Testament Major
- ☐ Master of Sacred Theology—Theology Major
- ☐ Master of Ministries
- ☐ Master of Biblical Studies

1 Application for Admission

Military Information

Have you served in the Armed Forces? ☐ Yes ☐ No Which branch? _____

Date discharged: ____/____/____ Type of discharge: _____

Are you a dependent of a veteran who is disabled or deceased due to a service-connected cause? ☐ Yes ☐ No

Financial Information

How do you plan to finance your first year in college? ☐ Parents ☐ Savings ☐ Loan ☐ Credit card ☐ Work
☐ Other _____

You will not be permitted to register for classes unless you have made the required registration payment.

Correspondence Preference

Indicate how you would like the college to communicate with you: ☐ Email ☐ Postal mail

Unless "postal mail" is indicated, we will communicate with the email address specified on page 1.

Autobiography

On a separate sheet of paper, please write out your autobiography. Include your family and church life and the time and circumstances of your salvation. Include your goals for the future, what activities you enjoy, and why you want to attend Ambassador Baptist College. If you are transferring from another Christian college, please state your reasons for transferring.

Foreign Students Only

Applicants who are not citizens of the United States are required by the United States government to fill out an I-20 form and state that they will be financially responsible to pay **all** their education expenses, including tuition, room, and board.

Statement of Intent

I have reviewed the doctrinal statement of Ambassador Baptist College and understand that students of Ambassador Baptist College are expected to uphold high standards of conduct and appearance consistent with the Person of Jesus Christ.

Ambassador's doctrinal statement is available on our website at www.ambassadors.edu/beliefs/

Signature: _____ Date: ____/____/____



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2A

Medical/Health Form

The student completes this form. Please print.

Both sides of this form must be filled out completely before the applicant may register for classes. Early submission of this form will simplify the registration procedure.

Name: _____ ☐ Male ☐ Female
Last Name First Name Middle Name

Marital status: _____ Phone: (____) _____ Social Security number: ____ - ____ - ____ Birth date: ____/____/____

Family History

Is your father living? ☐ Yes ☐ No Occupation: _____ Cause of death if deceased: _____

Is your mother living? ☐ Yes ☐ No Occupation: _____ Cause of death if deceased: _____

Has any member of your family suffered from any of the following? ☐ Heart disease ☐ Cancer ☐ Diabetes ☐ Tuberculosis

If so, give relationship: _____

Personal History

If additional space is necessary, please attach a separate piece of paper.

Hospitalization—list any dates and diagnoses: _____

Nervous breakdown—list any dates: _____

Chronic illness—explain: _____

Psychiatric treatment—include date, name, and address: _____

List allergies to food, medicine, or substance: _____

List present medication, doses, and reason for taking: _____

List any physical limitations: _____

List any learning disabilities: _____

Circle any of the following that you have had. On a separate sheet of paper, list details, including date, duration, and effects of any items circled.

Arthritis/rheumatism
Back impairment
Brain/spine diseases
Carpal Tunnel Syndrome
Deformities/amputations
Depression/OCR/anxiety
Diabetes
Epilepsy
Eye/ear diseases
Heart conditions/diseases
Hepatitis
Immuno-suppressed conditions

Intestine/stomach diseases
Kidney infection/diseases
Liver/gall bladder diseases
Low/high blood pressure
Lung disease (asthma, etc.)
Malaria
Meningitis
Menstrual difficulties
Mononucleosis
Paralysis
Pleurisy
Pneumonia

Pregnancy
Rheumatic fever
Scarlet fever
Skin diseases
Speech impairment
Sexual organs diseases
Tuberculosis
Typhoid fever
Ulcers
Urinary infections/diseases
Whooping cough
Other not listed

Medical Insurance (leave blank if not covered)

Dorm students only

Insurance company: _____

Address: _____

City: _____ State: _____ Zip: _____

Policy number: _____ Group number: _____

Emergency Contact (person to notify if parents or spouse [if applicable] cannot be contacted)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____ Home phone: (____) _____ Cell phone: (____) _____

North Carolina college and university student immunization requirementsNorth Carolina requirements are available at www.immunize.nc.gov/schools/collegesuniversities.htm

Immunization	Date	Date	Date	Date	Date	Date
Diphtheria Tetanus and/or Pertussis						
Poliomyelitis						
Measles						
Mumps						
Rubella						
Hepatitis B						

Physician's Information

If your doctor's office provides your immunization records, please have your physician sign below. If you provide the information from a copy which you possess, please print your physician information below and sign the space provided at the bottom of the page.

Physician's signature: _____ Printed name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: ____/____/____ Office phone: (____) _____ Emergency phone: (____) _____

Applicant's Signature

I certify that the above information is correct to the best of my knowledge. I understand that falsification of the information may result in my dismissal from the college.

Signature: _____ Date: ____/____/____



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2B

Physical Examination Form

The student's doctor completes this form. Please print.

Student's Name: _____

Each dorm student is required to undergo a physical examination by a physician within six months of registration.

Check the appropriate boxes below.

Normal	Abnormal	Description	Comment on abnormalities
<input type="checkbox"/>	<input type="checkbox"/>	Head, face, scalp	_____
<input type="checkbox"/>	<input type="checkbox"/>	Neck, nodes, thyroid	_____
<input type="checkbox"/>	<input type="checkbox"/>	Nose and sinuses	_____
<input type="checkbox"/>	<input type="checkbox"/>	Mouth and teeth	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pharynx and tonsils	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ears	_____
<input type="checkbox"/>	<input type="checkbox"/>	Eyes	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lungs	_____
<input type="checkbox"/>	<input type="checkbox"/>	Heart	_____
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	_____
<input type="checkbox"/>	<input type="checkbox"/>	Extremities and feet	_____
<input type="checkbox"/>	<input type="checkbox"/>	Spine and muscular-skeletal system	_____
<input type="checkbox"/>	<input type="checkbox"/>	Reflexes	_____
<input type="checkbox"/>	<input type="checkbox"/>	Skin	_____
<input type="checkbox"/>	<input type="checkbox"/>	Neurologic system	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes	_____
<input type="checkbox"/>	<input type="checkbox"/>	Feet	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pulses	_____

Conclusion

This student ☐ can ☐ cannot participate in strenuous physical activities. Please explain and comment on any serious condition or any continuing therapy: _____

Lab Work

TB test date: ____/____/____ Results: _____ (If results are positive, a chest x-ray is required within six months of enrollment.)

Physician's Information

Printed name: _____ Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of exam: ____/____/____ Office phone: (____) _____ Emergency phone: (____) _____



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3A

Request for High School Transcript

Please fill out as completely as possible. Please print.

Personal Information

(to be completed by applicant)

Applicant's name: _____ Home phone: (____) _____
Last Name First Name Middle Name

Dates attended: _____ Social Security number: ____ - ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize you to release my transcript and any other information requested by Ambassador Baptist College.

Signature: _____ Date: ____/____/____

Education Information

(to be completed by institution)

Please complete this form and attach it to the official high school transcript(s). This information is required for admission.
Please note: if the student has not completed requirements for graduation, please also send a completed transcript as soon as it is available.

Please send all documents to the address at the top of this page.

Date of graduation: ____/____/____ High school GPA: _____

Rank in class: _____ Size of class: _____

SAT Verbal: _____ ACT English: _____

Math: _____ Math: _____

TSWEW: _____ Social studies: _____

Overall score: _____ Natural sciences: _____

Signature: _____ Position: _____



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3B

Request for College Transcript

Please fill out as completely as possible. Please print.

Personal Information

(to be completed by applicant and sent to each school attended)

Applicant's name: _____ Home phone: (____) _____
Last Name First Name Middle Name

Dates attended: _____ Social Security number: ____ - ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

Please forward my transcript to Ambassador Baptist College at the address at the top of this page.

Signature: _____ Date: ____/____/____



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College Transfer Confidential Report

Please fill out as completely as possible. Please print.

Personal Information

(to be completed by applicant)

Please make copies of this form prior to signing if you have attended more than one college or university. Complete the section below and return with your application to Ambassador Baptist College.

Applicant's name: _____ Home phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

I give my permission to release this information and waive my right to view this report.

Signature: _____ Date: ____/____/____

Educational Information

(to be completed by applicant)

Name of school: _____ Dates attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Did you graduate? ☐ Yes ☐ No Degree you received: _____

To the Institution

The above-named student has applied for admission to Ambassador Baptist College. Ambassador Baptist College requires all transfer students to have previous colleges or universities attended return this confidential report before the student will be considered for acceptance. Please complete and return this form to the address at the top of this page within one week.

Student Information

(to be completed by institution)

Has the student had academic difficulty? ☐ Yes ☐ No Please explain: _____

Has the student ever been expelled from your school? ☐ Yes ☐ No Please explain: _____

Has the student ever been placed on behavioral probation? ☐ Yes ☐ No Please explain: _____

Was the probation lifted? ☐ Yes ☐ No Is the student eligible to return? ☐ Yes ☐ No

Is the student in debt to your school? ☐ Yes ☐ No

Name: _____ Position/title: _____

Signature: _____ Date: ____/____/____



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4A

Pastor's/Youth Pastor's Recommendation

Please fill out as completely as possible. Please print.

Waiver

(this section to be completed by applicant)

Applicant's name: _____ Home phone: (____) _____

I willingly waive my right of access to see this recommendation, knowing that this waiver is not required as a condition for admission.

Signature: _____ Semester you plan to attend: _____

Recommendation

(this section to be completed by pastor/youth pastor)

The above-named person has applied for admission to Ambassador Baptist College and has given your name as a reference. Please answer the following questions and complete the personality rating section to the best of your knowledge.

Be advised that due to the Family Educational Rights and Privacy Act of 1974, the applicant has the right of access to this document unless he or she has signed the waiver statement above. If the waiver statement is not signed and there is information which you prefer to communicate personally, you may call the Academic Dean at 704-434-0303.

1. How long have you known the applicant? _____

2. How well do you know the applicant? _____

3. To the best of your knowledge, has the applicant been born again by faith in Jesus Christ? ☐ Yes ☐ No ☐ I don't know

Comments: _____

4. What do you consider the applicant's weak points? _____

5. Have you observed weaknesses in the applicant's moral life? ☐ Yes ☐ No If "yes," please explain: _____

6. To the best of your knowledge, does the applicant smoke, drink, or use illegal drugs? ☐ Yes ☐ No If "yes," please explain: _____

7. Please describe home factors (both positive and negative) which might affect the applicant's success at Ambassador Baptist College: _____

8. Attendance in church services:

Sunday School: ☐ Irregular ☐ Regular

Sunday morning service: ☐ Irregular ☐ Regular

Sunday evening service: ☐ Irregular ☐ Regular

Prayer meeting: ☐ Irregular ☐ Regular

Visitation: ☐ Irregular ☐ Regular

9. Participation in activities: ☐ Seldom participates ☐ Participates faithfully when asked ☐ Willingly volunteers

Personality Traits

(Place a check in the box to the front of the comment which best applies.)

Spiritual life

- ☐ Do not know
☐ Average spiritually

- ☐ No interest in spiritual growth
☐ Shows growth and separated living

- ☐ Little evidence of spiritual growth
☐ Deeply spiritual

Industry

- ☐ Do not know
☐ Performs the assigned tasks

- ☐ Needs constant prodding
☐ Goes beyond what is required

- ☐ Needs occasional prodding

Responsibility

- ☐ Do not know
☐ Usually reliable

- ☐ Irresponsible
☐ Conscientiously reliable

- ☐ Shows some dependability

Emotional qualities

- ☐ Do not know

☐ Apathetic

☐ Unstable

☐ Consistently stable

☐ Highly stable

Purposefulness

- ☐ Do not know

☐ Aimless

☐ Vacillating

☐ Average

☐ Self-motivated

Influence on others

- ☐ Do not know

☐ Detrimental

☐ No real influence

☐ Varying

☐ Consistently good

Leadership

- ☐ Do not know

☐ Not a leader

☐ Some ability

☐ Good leadership

☐ Outstanding leadership

Any further remarks concerning the applicant's spirituality, cooperativeness, tactfulness, good judgment, and honesty will be appreciated. If space is not sufficient, please use another sheet of paper:

Signature

I would recommend this applicant for admission:

- ☐ without reservation ☐ with reservation ☐ could not recommend (please explain on a separate sheet of paper)

Name: _____ Church name: _____

Position: _____

Church address: _____

City: _____ State: _____ Zip: _____

Church phone: (_____) _____ Home phone: (_____) _____

Signature: _____ Date: ____/____/____

Please mail completed form to the address at the top of the previous page.



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4B

Employer's/Teacher's Recommendation

Please fill out as completely as possible. Please print.

Waiver

(this section to be completed by applicant)

Applicant's name: _____ Home phone: (____) _____

I willingly waive my right of access to see this recommendation, knowing that this waiver is not required as a condition for admission.

Signature: _____ Semester you plan to attend: _____

Recommendation

(this section to be completed by employer/teacher)

The above-named person has applied for admission to Ambassador Baptist College and has given your name as a reference. Please answer the following questions and complete the personality rating section to the best of your knowledge.

Be advised that due to the Family Educational Rights and Privacy Act of 1974, the applicant has the right of access to this document unless he or she has signed the waiver statement above. If the waiver statement is not signed and there is information which you prefer to communicate personally, you may call the Academic Dean at 704-434-0303.

Business/school name: _____

Address: _____

City: _____ State: _____ Zip: _____

Position held by applicant: _____ Length of service: _____

Personality Traits

(Place a check in the box to the front of the comment which best applies.)

Teachability

☐ Needs repeated instructions ☐ Slow but retains well ☐ Learns readily ☐ Very superior

Dependability

☐ Not dependable ☐ Needs to be watched ☐ Usually reliable ☐ Thoroughly dependable

Judgment

☐ Unable to make decisions ☐ Makes snap judgments ☐ Uses good common sense ☐ Superior judgment

Initiative

☐ Needs constant supervision ☐ Relies somewhat upon others ☐ Ably carries out assignments ☐ Anticipates needs; is resourceful

Accuracy

☐ Too many errors ☐ Somewhat inaccurate ☐ Satisfactory ☐ High degree of accuracy

Quality of work

☐ Careless; unsatisfactory ☐ Acceptable; needs improvement ☐ Very satisfactory ☐ Outstanding

Quantity of work

☐ Has to be prodded ☐ Acceptable; needs improvement ☐ Good producer ☐ Usually rapid worker

Attitude toward work

☐ Very poor attitude ☐ Neutral ☐ Good producer ☐ Enthusiastic

Attitude toward associates

☐ Reluctant to cooperate☐ Makes little contribution☐ Gets along well with others☐ Fullest possible contribution

Attitude toward superiors

☐ Reluctant to cooperate☐ Somewhat unresponsive☐ Generally cooperative☐ Very cooperativeHave you found the applicant to be consistently honest? ☐ Yes ☐ No If "no," please comment: _____

Please use this space to give any additional information which would assist us in determining the needs of the applicant:

Additional References

Please list the names and addresses of two other unrelated references that we may contact:

Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Signature

I would recommend this applicant for admission:

☐ without reservation☐ with reservation☐ could not recommend (please explain on a separate sheet of paper)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Position: _____

Signature: _____ Date: ____/____/____

Please mail completed form to the address at the top of the previous page.



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4C

Friend's Recommendation

Please fill out as completely as possible. Please print.

Waiver

(this section to be completed by applicant)

Applicant's name: _____ Home phone: (____) _____

I willingly waive my right of access to see this recommendation, knowing that this waiver is not required as a condition for admission.

Signature: _____ Semester you plan to attend: _____

Recommendation

(this section to be completed by friend)

The above-named person has applied for admission to Ambassador Baptist College and has given your name as a reference. Please answer the following questions and complete the personality rating section to the best of your knowledge.

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1. How long have you known the applicant? _____
2. How well do you know the applicant? _____
3. Have you had the opportunity to observe the applicant's church, home, and business life? ☐ Yes ☐ No
4. Please give any information you can regarding the applicant's church, social, and business life: _____

5. Please give any information you can regarding the applicant's family life: _____

6. Does the applicant respond well to others? ☐ Yes ☐ No
7. Does the applicant work well with others? ☐ Yes ☐ No
8. What do you consider the applicant's significant talents or abilities? _____

9. What do you consider the applicant's weak points? _____

10. Have you observed weaknesses in the applicant's moral life? ☐ Yes ☐ No If "yes," please explain: _____

Personality traits

(Place a check in the box to the front of the comment which best applies.)

Spiritual life

- ☐ Do not know
☐ Average spiritually

- ☐ No interest in spiritual growth
☐ Shows growth and separated living

- ☐ Little evidence of spiritual growth
☐ Deeply spiritual

Industry

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Emotional qualities

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Purposefulness

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☐ Varying

☐ Consistently good

Leadership

- ☐ Do not know

☐ Not a leader

☐ Some ability

☐ Good leadership

☐ Outstanding leadership

Additional References

Please list the names and addresses of two other unrelated references that we may contact:

Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Signature

I would recommend this applicant for admission:

- ☐ without reservation ☐ with reservation ☐ could not recommend (please explain on a separate sheet of paper)

Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: ____/____/____

Please mail completed form to the address at the top of the previous page.