

Louisville Bible College

Training leaders for the local church

personal recommendation form

As an applicant for admission to Louisville Bible College, the student named below has requested your recommendation. LBC is a Christian institution that is committed to educating men and women for Christian service. Your thoughtful and honest responses will assist us in our admission evaluation. This reference will become part of the confidential file of the applicant. **Please return the form promptly to: Admissions Office, Louisville Bible College, PO Box 91046, Louisville, KY 40291.**

Name of applicant _____

For your information in completing this form:

- The applicant has waived his/her right to review this reference form.
- The applicant has not waived his/her right to review this reference form.

How long have you known the applicant? _____

To your knowledge, has the applicant made a personal commitment to Jesus Christ? _____

How well do you know the applicant? Close personal relationship Fairly Well Casually By Name Only

Please check the box that best represents your perception of the applicant in each of these areas:	Above Average	Average	Below Average	Unknown
Honesty/Integrity				
Interpersonal Skills				
Initiative and Motivation				
Responsibility/Dependability				
Personal Maturity/Judgment				
Emotional Stability				
Empathy/Concern for Others				
Teachability				
Intellectual Skills				
Involvement in Church Activities				
Spiritual Commitment				

Further comments on any of the areas listed above. _____

Comment on the applicant's spiritual influence on his/her peers. _____

Describe the applicant's relationship with his/her family. _____

Please comment if the applicant consistently displays attitudes or behaviors that are in opposition to a biblical lifestyle. _____

What is your understanding of the applicant's purpose for applying to Louisville Bible College? _____

Please describe any emotional, spiritual, or academic obstacles that may hinder the applicant's success in an academic or work environment. _____

Would you recommend this applicant for acceptance to Louisville Bible College?
 Highly recommend Recommend Recommend with reservations Do not recommend

Note: If you checked "Recommend with reservations" or "Do not recommend," please explain your reservations below or contact the Admissions Office at 1-888-676-7458. _____

Additional Comments: _____

Signature _____ Date ____/____/____

Please print name _____

Employer _____

Home Address _____

Home Phone Number (_____) _____ - _____ City State Zip
Work Phone Number (_____) _____ - _____

Thank you for taking the time to complete this reference form. Your observations will assist us in our evaluation of the applicant. At your earliest convenience, please return this reference form to:

Admissions Office
Louisville Bible College
PO Box 91046
Louisville, KY 40291
Or fax to: **(502) 231-5222**