

**FULL NAME OF APPLICANT:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

Reference completed by: (please check one)

Minister     Youth Minister     Other \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

1) How often/when does the applicant attend church?

	SUN. MORN	SUN. EVE	MID-WEEK
<input type="checkbox"/> Over 8 times/month	_____	_____	_____
<input type="checkbox"/> About 6 times/month	_____	_____	_____
<input type="checkbox"/> About 4 times/month	_____	_____	_____
<input type="checkbox"/> Once or twice/month	_____	_____	_____
<input type="checkbox"/> Rarely or never	_____	_____	_____

2) Please describe the church activities in which this applicant participates: (choir, youth group, Bible study, etc.) \_\_\_\_\_  
\_\_\_\_\_

3) What is the applicant's personal Christian commitment as you perceive it?

Applicant is deeply committed to Christ  
 Applicant is passively interested in his/her faith  
 Moderately interested in religion  
 No knowledge

4) In your opinion, the applicant's character is:

Very trustworthy  
 Generally trustworthy  
 Needs watching  
 Habitually dishonest

5) In your opinion, the applicant's strength of character is:

Forceful, resolute  
 Moderately determined  
 Easily influenced  
 Weak and subordinate

6) In your opinion, the applicant's emotional stability is:

Exceptionally stable  
 Usually well-balanced  
 Somewhat excitable  
 Very excitable

Name *(please print)*: \_\_\_\_\_

Signature: \_\_\_\_\_

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

7) In your opinion, applicant's choice of friends influences him/her to:

Consistently seek to do good  
 Generally be honest and do what is right  
 Sometimes do what is wrong, and sometimes what is right  
 Do wrong deeds, hoping to get away with them

8) What would a Christian school have to offer this student that would meet his/her needs? \_\_\_\_\_  
\_\_\_\_\_

9) What qualities does this student have that would add positively to Sonrise Christian School? \_\_\_\_\_  
\_\_\_\_\_

10) If you were responsible for a Christian school, would you accept this application?

YES                       NO                      Please comment: \_\_\_\_\_  
\_\_\_\_\_

11) Have you ever known the applicant to smoke, drink, or use illegal drugs?

YES                       NO                      If yes, please comment: \_\_\_\_\_  
\_\_\_\_\_

12) This applicant's conduct with peers of the opposite sex is:

Appropriate  
 Aggressive  
 Immature  
 Other concerns (please comment on the reverse side)

Please add any additional comments you feel to be important in consideration of this application on the other side of this sheet. Please note if you would like to discuss this recommendation by phone.

Please call me at the number listed below.

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

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_