

# CHURCH LEADER RECOMMENDATION

Please complete Section 1 and then ask your pastor, children's or youth pastor, or another church leader to complete Section 2. This recommender should know your family well but not be related to you.

## Section 1 (to be completed by the applicant's parent)

Applicant's Name \_\_\_\_\_  
FIRST MIDDLE LAST

### WAIVER:

I, the undersigned, hereby voluntarily waive my right to inspect the content of this recommendation.

\_\_\_\_\_  
PARENT'S SIGNATURE DATE

## Section 2 (to be completed by the recommender)

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know the applicant?  Very well  Fairly well  Casually  Slightly
3. Does the applicant profess to have a personal relationship with Jesus Christ (answer optional for applicants grade 6 or below)  
 Yes  No  Unsure
4. Does the applicant evidence a Christian testimony? (answer optional for applicants grade 6 or below)  Yes  No  Unsure
5. Do the parents of the applicant profess to have a personal relationship with Jesus Christ?  Yes  No  Unsure
6. Do the parents of the applicant evidence a Christian testimony?  Yes  No  Unsure
7. Please comment on the applicant's home life: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please indicate your observations in the following areas of the applicant's life:

	Outstanding	Good	Concern	Problem	Unsure	N/A
Attitude Toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministry Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please comment on any area in question 8 that you marked "Concern" or "Problem." \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Do you recommend this student and family to BJA?

Highly recommend    Recommend    Recommend with reservations    Do not recommend

**I need to discuss this recommendation by phone.**

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Recommender Contact Information (to be completed by the recommender)

RECOMMENDER NAME

RECOMMENDER POSITION

CHURCH

DENOMINATION/AFFILIATION

STREET ADDRESS

CITY

STATE

ZIP

( \_\_\_\_\_ )

PHONE

EMAIL

SIGNATURE

DATE

**Please submit via** (choose one):

- Mail to **Admission Coordinator, Bob Jones Academy, Greenville, SC 29614**
- Fax to **864-271-7278**
- Scan and email to **[bjabobjonesacademy.net](mailto:bjabobjonesacademy.net)**