

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 or 3.
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—**recommendation for parents of applicants for K5 and below**)

1. How long have you known the applicant's family? _____
2. How well do you know the applicant's family? ☐ Very well ☐ Fairly well ☐ Casually ☐ Slightly
3. Do the parents of the applicant profess to have a personal relationship with Jesus Christ? ☐ Yes ☐ No ☐ Unsure
4. Do the parents of the applicant evidence a Christian testimony? ☐ Yes ☐ No ☐ Unsure
5. Please comment on the applicant's home life: _____

6. Please describe the family's church attendance and ministry involvement: _____

7. Do you recommend this family to Bob Jones Academy?
☐ Highly recommend ☐ Recommend ☐ Recommend with reservations ☐ Do not recommend

☐ **I need to discuss this recommendation by phone.**
Additional comments: _____

Section 3 (to be completed by the recommender—**recommendation for applicants for grades 1–12**)

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 5 or below)
☐ Yes ☐ No ☐ Unsure

4. Does the applicant evidence a Christian testimony? (answer optional for applicants grade 5 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 **bja@bobjonesacademy.net**