

CHURCH LEADER RECOMMENDATION

To be completed by a pastor or another church leader at your church.

Student's Name _____
FIRST MIDDLE LAST

1. How long have you known this student and family? _____
2. How well do you know this student and family? Very well Fairly well Casually Don't Know
3. Based on our guiding principles and mission statement, do you recommend this student and family to Bob Jones Academy?

Mission statement – *Bob Jones Academy exists to assist like-minded Christian parents in challenging students to love Jesus Christ, to embrace God's truth, to exercise integrity, to pursue excellence and to serve others.*

Guiding principles:

- **Eternity-focused:** Compelled by the invisible, lasting reality to know, love and serve God.
- **Growing:** Mindset of continuous self-reflection, Bible saturation, learning and personal change.
- **Humble:** Receiving and giving undeserved grace.
- **Transparent:** Openness to admit faults, ask forgiveness, receive grace and seek restoration.
- **Unified:** Building body-of-Christ relationships; seeking and giving candid, edifying feedback.
- **Loving:** Sharing God's love to others by joyful, second-mile service.
- **Excellent:** Consistently giving our best as unto the Lord, not for personal or institutional glory.

Highly recommend Recommend Recommend with reservations Do not recommend

I prefer to discuss this recommendation by phone.

Comments: _____

Recommender Contact Information (to be completed by the recommender)

RECOMMENDER NAME _____ RECOMMENDER POSITION/RELATIONSHIP TO APPLICANT _____

CHURCH _____

CHURCH WEBSITE _____

(AREA CODE) PHONE NUMBER _____ EMAIL _____

SIGNATURE _____ DATE _____

Please submit via (choose one):

- Mail to **Admission Coordinator, Bob Jones Academy, Greenville, SC 29614**
- Scan and email to **bjabobjonesacademy.net**