

INDIANA FUNDAMENTAL BIBLE COLLEGE

Pastoral Reference

To the Applicant: Please complete your name and Social Security Number, and sign the waiver below. Provide for your pastor or use pastor this sheet along with a stamped envelope addressed to the Indiana Fundamental Bible College.

Applicant's Name _____ Social Security Number ____/____/____

I willingly waive my right to review this recommendation to better enable the person completing this form to do so without reservation.

Applicant's Signature _____ Date ____/____/____

To the Pastor: To determine an applicant's eligibility for admission, *Indiana Fundamental Bible College* requests your evaluation of the above listed applicant's spiritual character. Please complete and sign this sheet and return it to *Indiana Fundamental Bible College*. If the applicant is related to you, please have another member of the pastoral staff or official board complete the reference sheet. *IFBC* respects your position in conducting the evaluation. If you wish to speak to an admissions counselor about this applicant, please call (574) 457 - 4572. Thank you.

Pastor's Name _____ Position _____
Church Name _____ Telephone (____) _____
Mailing Address _____

1. How long have you known the applicant? _____

2. How well do you know the applicant? ___Very well ___Well ___Casually

3. To best of your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes No
If unsure, please comment;

4. To the best of your knowledge, is the applicant currently living a Christian life? Yes No
If unsure, please comment;
