QUEST BIBLE INSTITUTE PERSONAL REFERENCE

1.	Last		First	Middle
		☐ Male		
		☐ Female		
	Addres	s:		
	Daytim	e Phone:		
2.	Indicat	e interest to which yo	u are applying:	
		Ministerial Diploma ((Designed as 1yr pro	gram with 2 classes/term or 2 yrs with 1
		class/term)		
		Lav Biblical Counselir	ng Certificate (Design	ned as 1 yr program with 2 classes/term or
		yrs. with 1 class/tern		, , , , , , , , , , , , , , , , , , , ,
		•	•	as 2 yr program with 2 classes/term or 3 yr
	Ц	_	ai Studies (Designed	as 2 yr program with 2 classes/term or 3 yr
		with 1 class/term)		
3.	•	ou wish to enter Ques		
		Fall (September)		
		(year) Spring (January)		
	ш	(year)		
		(//		
	licant			

To th

Furnisl references should be related to you. If your parent is the pastor of your home church, an elder or other church officer may act as the pastoral reference for you.

WAIVER of ACCESS: The Family Rights and Privacy Act of 1974 provides the student the right to review all materials place in his/her personal file after January 1, 1975, if admitted as a student. You may wish to waive the right to see the character references that are provided with the understanding that you will not see them. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee. The persons furnishing references will be informed of your choice by the information you provide tin the applicant's section of the Personal Reference Form. You must indicate the same choice below as you do on your Reference Forms. Please note: We expect you to indicate your choice regarding the Waiver of Access. If no choice is indicated, we will be unable to process your application.

I waive my right to see my character reference under
I do not waive my right to see my character references under the provisions of the
Family Act of 1974.

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To be completed by the Reference:

This reference form, when completed, should be returned directly to the **Director of Admissions**, **Quest Bible Institute**, **11975 Highway 142 N**, **Oxford**, **GA 30054**

Please type, or print using ball point pen

Your na	me _		
Address			
City		State/Province	Zip/Postal Code
Telepho	ne nı	umber Home/Cell	Work
Church i	name	e (if acting as pastoral or church leader refer	ence)
Church a	addre	ess	
City		State/Province	Zip/Postal Code
Church to	eleph	one number	
		ow long have you known the applicant? Very well Fairly well Casually By name/sight that is your official relationship to the applicant? Senior Pastor Assistant Pastor Youth Leader Elder Sunday School Teacher Teacher Employer Other	
3		hat is the applicant's influence on his/her peers Positive Neutral Negative Unknown	?

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Questions 4 through 6 are to be answered only by pastor/church leader reference:

4.	Has the applicant made a meaningful pers ☐ Yes	sonal comm	itment to Jesu	is the Mess	siah?			
	☐ No If no, please explain							
	☐ I don't know. Please explain							
5.	Indicate the applicant's level of involvement in the life and work of the church (check all that apply):							
	☐ Attends regularly							
	☐ Attends irregularly							
	☐ Enthusiastic							
	☐ Cooperative ☐ Involved							
	☐ Involved☐ Willing to help							
	☐ Interested							
	☐ Distant							
6.	Are there any negative family factors which	ch might aff	ect the applica	ant's succe	ss at Ques	t Bible		
	Institute							
	□ No							
	☐ Yes If yes, please explain							
7.	Please rate the applicant in the following a	areas by che	ecking the app	ropriate b				
	Above Below							
			Average —	_	_			
	Personal Appearance							
	Self Confidence							
	Diligence							
	Motivation							
	Intellectual capacity							
	Anticipated achievement in bible school							
	Quality of work							
	Acceptance of responsibility							
	Acceptance of instruction and discipline							
	Cooperation							
	Promptness							
	Integrity and honesty							
	Moral character							
	Emotional stability							

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			Above		Below			
		Excellent	Average	Average	Average	Unknown		
	Concern for others							
	Courtesy							
	Warmth of personality							
	Sense of humor							
	Health							
	Ability to handle finances							
8.	Applicant is							
	☐ Highly recommended							
	☐ Recommended							
	☐ Recommended with reservation							
	☐ Not Recommended							
9.	Please share with us any other information you feel would help in our evaluation of the applicant (You may use an additional sheet if necessary).							
10.	Signature of reference		Date (N	лоп./Day/Yr	·.)			

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