

CAPITAL BAPTIST DEAF COLLEGE

360 EDNOR RD • SILVER SPRING, MD • 20905

Personal Reference

Please type or print clearly

Applicant: Please enter your name. Give this reference form to an individual, (*other than a relative*), who can evaluate your character and suitability for enrollment into Capital Baptist Deaf College

Application Date: _____

Re: _____

Applicant's Name

Dear Friend:

As a result of an interest received from the prospective student named above, your name has been given to us as a reference. Realizing that your answers will be based upon your personal experience with the applicant, may we ask you to respond to the questionnaire as fully as possible. The information you provide will, of course, be treated in the strictest of confidence. Please return this questionnaire directly to our headquarters at the address above and not to the candidate. Thank you in advance for helping us in the evaluation of this prospective student.

Office of Registrar
Capital Baptist Deaf College

GENERAL INFORMATION:

1. How long have you personally known the applicant? _____

In what association or relationship? _____

2. Is the applicant, to your knowledge, a Bible-believing Christian? Yes _____ No _____

How long have you known the applicant to be a Christian? _____

Is the applicant living a consistent Christian life? _____

Would you personally consider the applicant a mature Christian? Yes _____ No _____

3. Do you believe the applicant is going to Bible College for wrong reasons as such?

Adventure [] Romance [] Failure [] Escape [] Family Problems []

Other _____

PERSONAL CHARACTERISTICS:

1. Is there anything in the applicant's personal life, past or present, which should be called to our attention? _____

2. Would the applicant's immediate family tend to hinder his study? _____

3. Please evaluate the applicant's background from the standpoint of social training and environment:

Above average [] Average [] Poor []

4. What is your impression of the applicant's personal appearance?

Fair [] Okay [] Untidy []

5. What is your impression of the applicant's physical condition?

Healthy [] Delicate [] Poor []

SPIRITUAL QUALITIES:

1. Describe the applicant's spiritual condition:

Above average [] Average [] Struggling []

2. Evaluate the applicant's knowledge of the Scriptures:

Above average [] Average [] Poor []

3. Indicate the depth of the applicant's passion for lost souls:

Burdened [] Casual [] Indifferent []

4. How does the applicant react to testing and reproach?

Victoriously [] Acceptably [] Negatively []

5. Define the applicant's spiritual growth since conversion:

Above average [] Average [] Poor []

PUBLIC SERVICE:

Describe the applicant's experience & performance in the following:

1. Personal work: Extensive [] Occasional [] Infrequent []
 Fruit [] Average [] Non-productive []

2. Teaching: Adults [] Young People [] Children []
 Effective [] Average [] Non-effective []

3. Preaching: (men only) As pastor [] Evangelist [] Other []
 Gifted [] Good [] Limited []

4. Leadership: Church [] School [] Other []
 Leader [] Average [] Follower []

5. Organization: Churches [] Societies [] Other []
 Gifted [] Average [] Poor []

6. Please note any special aptitudes: _____

SUMMARY:

Indicate your overall evaluation of the candidate:

Excellent [] Good [] Average [] Questionable [] Not recommended []

We gratefully welcome any additional comments you feel would be pertinent in helping us evaluate this applicant for enrollment into Capital Baptist Deaf College:

Date: _____

Name: _____

Signature: _____

Address: _____

Email: _____