

# PASTOR RECOMMENDATION

\* References from family members are not acceptable.

## To the Applicant:

This reference form should be completed by your pastor and mailed directly to the Admissions Office. Please complete the following information and forward this form to your pastor for completion.

Name of Applicant: \_\_\_\_\_ High School Graduation Date: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA CODE

## Applicant's waiver of right of Access to Confidential Statement:

I willingly waive my right of access to see this confidential reference understanding that signing this waiver is not required as a condition for admission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## To the Teacher/Guidance Counselor/Employer:

The above individual is applying for admission to the University of Valley Forge. Admission eligibility is dependent upon a careful evaluation of the Pastor's Recommendation. A decision cannot be made until it is received. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully.

As a Christian university, we see ourselves as an extension of the mission and work of the local church, preparing leaders and workers to serve in significant ways in a local congregation. Consequently, we rely heavily on you, the Pastor, to help us distinguish between those students who are spiritually, socially, and emotionally mature enough to find success here, and those who are not. Our goal is that students grow in knowledge, Christian maturity, faith, integrity, and quality of relationships as a result of their time at the University of Valley Forge.

This document will be kept confidential if the student has signed the waiver of access above. Please mail form directly to the address provided after completing it. Thank you for your assistance.

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1. How long have you known the applicant? \_\_\_\_\_ In what context? \_\_\_\_\_

2. How often have they attended church during the past six months?      Less than once a week      1x week      2x week      more

3. To your knowledge has the applicant made a personal commitment to Jesus Christ? (Check one)      Yes      No      I don't know

4. How well do you know him/her?

Very Well      Fairly Well      Casually      By Name/Sight

5. To What Extent is the applicant engaged in the activities of your church?

Enthusiastic      Cooperative      Seldom participates      Attends irregularly

6. What is the applicant's spiritual influence on his/her peers?

Evangelistic      Positive      Neutral      Negative

7. Please rate this person in the following areas. (Please mark an "X" in the appropriate box.)

	Excellent	Above Average	Average	Below Average	No chance to observe
<b>Christian Commitment</b>					
<b>Leadership</b>					
<b>Initiative</b>					
<b>Responsibility</b>					
<b>Cooperativeness</b>					
<b>Integrity and Honesty</b>					
<b>Relationship with Family</b>					
<b>Social Adaptability</b>					
<b>Concern fo Others</b>					

8. Please comment on any positive or negative characteristics you have observed in the life of the applicant (personal, social, family, etc.)

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9. To your knowledge has the applicant used any of the following in the past 12 months?

Alcoholic Beverages	Yes	No
Tabacco	Yes	No
Non-Medical drugs (such as marijuana, narcatics, etc.)	Yes	No

If "yes", list date discontinued for each: \_\_\_\_\_

10. Would you like us to call you to discuss this student?      Yes      No

11. Recommendation:      I recommend      I recommend with reservation      I do not recommend

Please print the information below

Name: \_\_\_\_\_

Name of Church and Denomination: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
AREA CODE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return promptly to:  
 Admissions Office  
 University of Valley Forge, 1401 Charlestown Road, Phoenixville, PA 19460  
 Phone: 800.432.8322 Fax: 610.917.2070