MINISTRY REFERENCE FORM

COMPLETE THIS FORM AND RETURN TO DIRECTOR OF ADULT & ONLINE EDUCATION ENROLLMENT
GRACE BIBLE COLLEGE, P.O. BOX 910, GRAND RAPIDS, MI 49509

PLEASE COMPLETE ALL PORTION OF THE APPLICATION, USING "N/A" FOR FIELDS WHICH DO NOT APPLY. FOR HELP WITH THIS FORM, PLEASE CALL (616) 538-2330 TO SPEAK WITH A RECRUITER.

TO BE COMPLETED BY APPLICANT

Applicant Name: _____

By signing below, the applicant may waive the right to review his/her letters of recommendation.
I (undersigned) waive any right to inspect the content in this letter of recommendation.

Signature: _____ Date: _____

TO BE COMPLETED BY SELECTED REFERENCE

The above-named applicant has applied for admission to Grace Bible College and has listed you as a reference. Your assistance in supplying any significant information will be greatly appreciated.

1. How long have you known the applicant, and in what capacity?

_____
_____
_____
_____
_____
_____
_____
_____
_____

2. How well do you know the applicant?
   ☐ By name/sight ☐ Casually/few personal contacts ☐ Very well
3. Do you believe the applicant knows Christ as Savior? ☐ Yes ☐ No ☐ I don't know
4. Is the applicant living a consistent Christian life? ☐ Yes ☐ No ☐ I don't know
5. What evidence have you observed?

_____
_____
_____
_____
_____
_____
_____
_____
_____

OVERALL RECOMMENDATION

Based on your knowledge of the applicant, indicate your level of recommendation:

☐ Highly Recommend ☐ Recommend ☐ Recommend with Reservations ☐ Do not Recommend

1. Reference Name (Please Print): _____
2. Church/Organization Name: _____
3. Title: _____
4. Address: _____
   Number Street City State Zip
5. Phone: _____
6. Email: _____
7. Signature: _____ Date: _____

☐ I would like to discuss this recommendation by phone.

Thank you for your reference.

Please return your completed form to the Adult and Online Studies Department at your earliest convenience to:

Grace Bible College
1011 Aldon St SW, Wyoming, MI, 49509
Phone: 616-538-2330
Fax: 616-530-7763

☐ Please send me a Grace Bible College Information Packet

Name: _____

Address: _____
Number Street City State Zip