
AMBASSADOR BAPTIST COLLEGE
PASTOR'S/YOUTH PASTOR'S RECOMMENDATION

THIS SECTION TO BE FILLED OUT BY APPLICANT

_____ () _____
Applicant's Name Phone

I willingly waive my right of access to see this recommendation knowing that this waiver is not required as a condition for admission.

_____ Semester and Year you plan to attend
Signature of Applicant

Ambassador Baptist College does not discriminate on the basis of race, sex, age, or handicap in admission or access to its programs.

THIS SECTION TO BE COMPLETED BY PASTOR/YOUTH PASTOR

The above applicant has applied for admission to Ambassador Baptist College and has given your name as a reference. Please answer the following questions and check the personality rating section to the best of your knowledge.

Be advised that due to the Family Educational Rights and Privacy Act of 1974, the applicant has the right of access to this document unless he or she has signed the waiver statement above. If the waiver statement is not signed and there is information which you prefer to communicate personally, you may call the Academic Dean (collect) at (704)434-0303.

1. How long have you known the applicant? _____ years _____ months
2. How well do you know the applicant? _____
3. To the best of your knowledge, has the applicant been born again by faith in Jesus Christ?
 Yes No I don't know

Comments: _____

4. What do you consider the applicant's weak points? _____

5. Have you observed weaknesses in the applicant's moral life? Yes No If yes, please explain.

6. To the best of your knowledge, does the applicant smoke, drink or use illegal drugs? Yes No If yes, please explain. _____

7. Please describe home factors (both positive and negative) which might affect the applicant's success at Ambassador Baptist College. _____

8. Attendance in Church Services:
- | | | |
|---------------------------|------------------------------------|----------------------------------|
| In Sunday School | <input type="checkbox"/> Irregular | <input type="checkbox"/> Regular |
| In Sunday Morning Service | <input type="checkbox"/> Irregular | <input type="checkbox"/> Regular |
| In Sunday Evening Service | <input type="checkbox"/> Irregular | <input type="checkbox"/> Regular |
| In Prayer Meeting | <input type="checkbox"/> Irregular | <input type="checkbox"/> Regular |
| On Visitation | <input type="checkbox"/> Irregular | <input type="checkbox"/> Regular |

9. Participation in Activities:
- Seldom participates Participates faithfully when asked Willingly volunteers

Personality Traits: Place a check in the box in front of the comment which best applies:

1. Spiritual life

- Do not know No interest in spiritual growth Small evidence of spiritual growth
- Average spiritually Shows growth and separated living Deeply spiritual

2. Industry

- Do not know Needs constant prodding Needs occasional prodding
- Performs assigned tasks Goes beyond what is required

3. Responsibility

- Do not know Irresponsible Shows some dependability
- Usually reliable Conscientiously reliable

4. Emotional Qualities

- Do not know Apathetic Unstable Consistently stable Highly stable

5. Purposefulness

- Do not know Aimless Vacillating Average Self-motivated

6. Influence on others

- Do not know Detrimental No real influence Varying Consistently good

7. Leadership

- Do not know Not a leader Some ability Good leadership Outstanding leadership

Any further remarks concerning the applicant's spirituality, cooperativeness, tactfulness, good judgment and honesty will be appreciated. If space is not sufficient, please use another sheet of paper.

I would recommend this applicant for admission:

- Without Reservation With Reservation Could Not Recommend (Please explain on a separate sheet of paper).

Signature of Pastor/Youth Pastor Name of Pastor/Youth Pastor (Please Print)

Name of Church

Church Address

City State Zip

() _____ () _____
Church Phone Home Phone

Please mail completed form to: Admissions Office
Ambassador Baptist College
P. O. Box 158
Lattimore, NC 28089