



Bethany

Bible Training Center

CHRISTIAN CHARACTER REFERENCE

TO BE COMPLETED BY THE APPLICANT

*Please fill in the information below and give this form to your Pastor to complete. Should your church presently be without a minister or if your parent is your Pastor, you may give this form to another leader in your church. **The form should be submitted directly to Bethany by your Pastor or in a sealed envelope with your application.***

Applicant's Name: _____
First Middle Last/Surname

Mailing Address: _____
Street/P.O. Box

City State/Province ZIP Code

Phone: (____) _____ — _____ E-mail Address: _____

This form should be completed by your Pastor. If someone other than your Pastor completes it, please explain here:

TO BE COMPLETED BY THE PASTOR

This recommendation will only be used for evaluation of the applicant for admission to Bethany Bible Training Center. Since all admission files are held in strict confidence, we appreciate your open comments on each question.

What is your official relationship to the applicant? _____

How long have you known him/her? _____

How well do you know the applicant? Very well Fairly well Casually By name/sight

- Does the applicant regularly attend church? Yes No Varies
- Has the applicant displayed consistently good judgment and moral character? Yes No Varies
- To your knowledge, does the applicant use tobacco or drugs or abuse alcohol? Yes No Unknown
- Is the applicant a positive influence on his/her peers? Yes No Unknown

Please check the box for each category which, in your opinion, best describes the applicant.

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNKNOWN
Spiritual Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discernment in Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influence on Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance by Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share with us any other information you feel would help in our evaluation of the applicant (use additional sheet if necessary):

The applicant is: Highly recommended Recommended
 Recommended with reservation* Not recommended* (*Please explain)

Name: _____ Position: _____

Church Name: _____

Church Address: _____
Street/P.O. Box City State/Province ZIP Code (Country)

Phone: (____) _____ — _____ E-mail Address: _____

Signature: _____ Date: _____

Please submit form directly to:
Bethany Bible Training Center
Admissions Office
 P.O. Box 6010, Chesapeake, VA 23323
 Phone: 315-429-8521
 admissions@bethanybtc.org • www.bethanybtc.org