



NEW ENGLAND BIBLE COLLEGE AND SEMINARY

502 Odlin Rd., Bangor, ME 04401
Phone: 207-947-1665
Email: eoroak@nebc.edu

Pastoral Reference

PART 1: TO BE COMPLETED AND SIGNED BY APPLICANT

This form should be completed by your Pastor, former Pastor, Bible Study Leader or other mature Christian who knows you well and has had the opportunity to observe your spiritual life. Please do not choose someone related to you.

Name of Applicant:	Last	Middle	First	Birthdate	
Mailing Address	Number & Street	City	State	Zip Code	Country (If outside U.S.)
Primary Phone	Secondary Phone		Email Address		

Applicant's Waiver of Right of Access to Confidential Statement:

I hereby waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Applicant Signature _____ Date _____

PART 2: TO BE COMPLETED BY PASTOR

The above student is applying to Grace Evangelical Seminary. We value your comments and ask that you give a full and candid report so that informed consideration may be given to the applicant. You may submit a letter of recommendation in addition to the form.

- How long have you known the applicant? _____
- In what context have you known the applicant? _____
- To the best of your knowledge has the applicant made a personal commitment to Jesus Christ?

Yes No I don't know

Please rate the student in the following areas compared to his/her peers.

	High	Average	Low		High	Average	Low
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Please describe the applicant's social and spiritual influence in your church

5) In your opinion, does this student possess any outstanding abilities or spiritual qualities?

6) Please describe any leadership position or significant roles the applicant has held in your church.

7) To your knowledge, does the applicant have any attitudes or behaviors that are inconsistent with biblical principles or Grace Evangelical Seminary's faith and lifestyle expectations? (See Statement of Faith and Community Standard of Behavior on website for reference. For more questions, please contact the college registrar.) No Yes (If yes, please explain)

8) Using examples, please write a brief summary of the applicant's spiritual life, etc. and how you think those will influence their college experience. Please include personal, home, or family factors that may positively or negatively affect that applicant's success at Grace Evangelical Seminary. Attach an additional sheet if necessary.

Based on your observations of the applicant's spiritual life and character, how strongly do you recommend this student?

- With enthusiasm Strongly Fairly Strongly With Reservation Not Recommended

Name Church Position

Mailing Address Number & Street City State Zip Code

Phone Email

Signature Date

Thank you for completing this recommendation. Please keep a copy for your records. Be sure it has been completed and return to the applicant in a sealed envelope, signed across the flap.

If you prefer, you may mail it to: Admissions, Grace Evangelical Seminary, 502 Odlin Road, Bangor, ME 04401



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Academic Reference

PART 1: TO BE COMPLETED AND SIGNED BY APPLICANT

This form should be completed by a professor you have/had. If this is not an option, you may submit a reference from an employer, colleague or someone similar who is able to assess your intellectual and academic abilities.

Name of Applicant:		Last	Middle	First	Birthdate	
Mailing Address	Number & Street	City	State	Zip Code	Country (If outside U.S.)	
Primary Phone	Secondary Phone		Email Address			

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Applicant Signature _____ Date _____

PART 2: TO BE COMPLETED BY ACADEMIC RECOMMENDER

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1) How long have you known the applicant? _____

2) In what academic context? _____

3) Academic Rating : Of all the students I have known, this student ranks in the

	Top 1%	Top 5%	Top 10%	Top 25%	Top 50%	Other
Motivation						
Intellectual Curiosity						
Self Discipline						
Intellectual Ability						

4) Character and Personality: Of all the students I have known, this student ranks in the

	Top 1%	Top 5%	Top 10%	Top 25%	Top 50%	Other
Ability to work with others						
Personal Initiative						
Maturity						
Interpersonal Skills						
Ability to lead & influence						

5) Using examples, please write a summary appraisal of the applicant assessing his or her academic ability and future promise as a student at New England Bible College & Seminary. Any special talent or qualities can be included.

Overall, I recommend this student:

With enthusiasm Strongly Fairly Strongly With Reservation Not Recommended

Name _____ Educational Institution _____ Position _____

Mailing Address _____ Number & Street _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

Signature _____ Date _____



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Character Reference

PART 1: TO BE COMPLETED AND SIGNED BY APPLICANT

Please supply the information of your recommender (type or write legibly) and then sign Part 1.

Part 2 should be completed by an individual who can attest to your personal character such as an employer, mentor, pastor, or colleague who has observed you in service and leadership. Please do not choose someone related to you.

Name of Applicant	Last	Middle	First	Birthdate	
Mailing Address	Number & Street	City	State	Zip Code	Country (If outside U.S.)
Primary Phone	Secondary Phone		Email Address		

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Applicant Signature _____ Date _____

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Overall, I recommend this student:

- With enthusiasm
- Strongly
- Fairly Strongly
- With Reservation
- Not Recommended

Name Church Position

Mailing Address Number & Street City State Zip Code

Phone Email

Signature Date