



Southwestern Christian College

200 Bowser Circle

Terrell, TX 75160

"Large Enough to Matter, Small Enough to Care"

# Character Recommendation Form

Submission of this form signifies that you waive your right to review information contained in your admissions file. Please give this form to your minister, youth minister, family friend or community leader. **Relatives and school personnel are not permitted to complete this form.**

## Applicant Information

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial) (Suffix: Jr. etc.)

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(for Texas residence only)

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Recommendation Information

**THIS FORM IS TO BE COMPLETED BY THE APPLICANT'S MINISTER, YOUTH MINISTER, CHURCH LEADER, COMMUNITY LEADER OR FAMILY FRIEND.**

We highly value your comments, and request that you give a full and candid report so that fair consideration may be given to the applicant.

- This applicant's influence on his/her peers is: Positive Neutral Negative
- How do you know the applicant? (Circle all that apply): By Name Only Only Casually Very Well Family/Church Connections
- In social relationships, the applicant is (Choose One): Sought Out Well-Received Tolerated Avoided
- Please Evaluate the Applicant in the following areas:

	Excellent	Very Good	Good	Fair	Poor	Don't Know
<i>Christian Character</i>						
<i>Cooperation</i>						
<i>Diligence</i>						
<i>Family Relationships</i>						
<i>Initiative</i>						
<i>Integrity</i>						
<i>Leadership</i>						
<i>Responsibility</i>						
<i>Service to Others</i>						
<i>Social Adaptability</i>						

- Please comment on how the applicant consistently reflects attitudes and behaviors which are truly exemplary of biblical lifestyle:  
 \_\_\_\_\_

- Are there any emotional, spiritual or academic characteristics that you feel would hinder the applicant in an intense academic environment?  
 \_\_\_\_\_

Thank you for taking the time to complete this reference form; your observations will greatly assist us in our evaluation of the applicant. Please return this form at your earliest convenience.

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_