

INDIANA BIBLE COLLEGE

PASTORAL REFERENCE

APPLICANT (PLEASE PROVIDE THE FOLLOWING INFORMATION)

Full Name _____

Permanent Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

AUTHORIZATION & CONFIDENTIALITY WAIVER

I hereby authorize the release of the following information to be considered in connection with my application for admission to Indiana Bible College. I understand and agree that the information disclosed by my Pastor will be held in confidence by the college and will not be released to me or anyone else. I consent to my Pastor's disclosure of information concerning me in response to this questionnaire and understand that my Pastor will mail this questionnaire directly to Indiana Bible College.

Applicant's Signature _____ Date _____

PASTOR (PLEASE PROVIDE THE FOLLOWING INFORMATION)

Dear Pastor:

Indiana Bible College is committed to working with pastors to ensure that students who attend IBC maintain their connection to their home church. The person named above is applying for admission to Indiana Bible College. Your evaluation is essential and will be held in confidence by our staff. **In the interest of confidentiality, please return this form directly to the admissions office.** This student's application will not be approved without our receipt of this completed Pastoral Reference form.

1. How long has this applicant attended your church? _____

2. How would you describe your relationship with this individual?

Close Casual Distant Other _____

3. In what areas has the applicant been involved with your church?

Youth Group Choir Teacher Usher
 Prayer Ministry Children's Ministry Other _____

4. How would you describe the applicant's spiritual influence on others?

Positive Negative Neutral

5. What do you consider the applicant's strong points, abilities, or talents that could be enhanced at IBC?

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

PASTOR CONT. (PLEASE PROVIDE THE FOLLOWING INFORMATION)

7. Please evaluate the applicant's character, abilities, and qualifications by checking the box that best represents this applicant.

	Excellent	Above Average	Average	Poor	Did Not Observe
Attitude					
Maturity					
Motivation					
Responsibility					
Appearance					
Cleanliness					
Leadership Ability					
Respect for Authority					
Financial Responsibility					

9. Please share any additional information that you feel may be relevant to us in evaluating this applicant for admission to Indiana Bible College.

8. How do you recommend this applicant for admission to IBC? (Check only one)

- With Enthusiasm
 With Confidence
 With Reservation
 Delay Acceptance
 Deny Acceptance
 Other _____

PASTOR'S CONTACT INFORMATION

Pastor's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Church Phone _____

E-mail _____

Pastor's Signature _____ Date _____

PASTOR:
PLEASE MAIL THIS FORM TO:
INDIANA BIBLE COLLEGE ADMISSIONS
1502 EAST SUMNER AVENUE
INDIANAPOLIS, IN 46227



Phone: (317) 554-8069 Fax: (317) 783-9464
 Web site: www.go2ibc.com