

# Ecclesia College Parent Reference Form

TO THE APPLICANT: Please complete the information below and provide a stamped envelope addressed to Ecclesia College, 9653 Nations Dr. Springdale, AR 72762 for the person filling out the reference form. **This is a Confidential Evaluation.**

Name of Applicant \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I understand that I will not have access to this information.

Applicant's Signature \_\_\_\_\_

The above applicant has applied for admission to Ecclesia College. In order to make an appropriate evaluation of the applicant, the Admissions Committee would appreciate your supplying the information requested on this form. Your statements will help us effectively meet the needs of the applicant should he/she be accepted into Ecclesia College. Your early response (within 7 days) would be most appreciated. Thank you for your assistance.

Your Name \_\_\_\_\_ How well do you know the applicant?  Very Well  Well  Casually

Please check the following and comment as necessary:

	Superior	Above Avg.	Average	Below Avg.	Inferior
Ability to receive correction					
Self-confidence					
Ability to make decisions					
Concern for others					
Ability to follow					
Leadership					
Willingness to serve					
Emotional stability					
Communications					
Health					
Personal appearance					

- |                          |                          |           |                         |
|--------------------------|--------------------------|-----------|-------------------------|
| Mental Ability           | O Quick to comprehend    | O Average | O Slow                  |
| Industry                 | O Hard worker            | O Average | O Lacks persistence     |
| Reliability              | O Meets obligations      | O Average | O Neglects obligations  |
| Teamwork                 | O Works well with others | O Average | O Often causes friction |
| Flexibility              | O Open to change         | O Average | O Unyielding            |
| Christian Character      | O Well balanced          | O Average | O Unstable              |
| Disposition              | O Cheerful               | O Average | O Passive               |
| Punctuality              | O Always Early           | O On Time | O Often late            |
| Financial responsibility | O Honors all obligations | O Average | O Neglectful            |

Comments

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1. In your consideration, which of the following would best describe the applicant's Christian experience?  
 Profound    Contagious    Superficial    On Cruise-Control    Genuine    Growing    Over-emotional  
Comments: \_\_\_\_\_  
\_\_\_\_\_
2. With reference to his/her Christian service, is he/she:    Dedicated    Average    Casual  
Comments: \_\_\_\_\_  
\_\_\_\_\_
3. Does he/she display high moral standards?    Yes    No   Explain: \_\_\_\_\_  
\_\_\_\_\_
4. What do you feel the applicant's influencing factors/motive are in applying to this school?  
 Christian Service    Desire to spread the Gospel    Receive help/ministry    Adventure    Desire to help others  
 Escape an unpleasant home situation    Biblically Based Education    Financial Aid Availability  
 Pastor/Parent Influence    Other (Specify) \_\_\_\_\_
5. Comment briefly on the family and social background of the applicant: \_\_\_\_\_  
\_\_\_\_\_
6. What do you consider to be the applicant's strong points? (Include special abilities): \_\_\_\_\_  
\_\_\_\_\_
7. Please add any other pertinent remarks (i.e. medical, psychological, drug or alcohol abuse, criminal record, homosexual or occult practices, etc): \_\_\_\_\_  
\_\_\_\_\_
8. What could Ecclesia College do to aid in the applicant's personal development? \_\_\_\_\_  
\_\_\_\_\_
9. Is your congregation/group standing behind the applicant with enthusiasm and prayer? \_\_\_\_\_  
\_\_\_\_\_
10. Would you recommend the applicant for acceptance to Ecclesia college?  
 Unhesitatingly    With some hesitation (explain)    No (explain) \_\_\_\_\_  
\_\_\_\_\_

I have known the applicant for \_\_\_\_\_ years and believe that he/she possess the qualities indicated above.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_