

Harvest Bible Institute Recommendation Form

INSTRUCTIONS TO THE APPLICANT

Please complete the following before distributing this form.

Name of Applicant _____
last first middle

Email Address _____ Phone Number _____

Application for (Quarter #) _____ Program (Year 1, 2, 3) _____

NOTE: This recommendation is to be filled out by someone who is not a member of your family. Please provide the Recommender with an addressed, stamped envelope to mail to HBI.

Name of Recommender _____

Please select only one reference category below.

- Pastor Friend, Teacher, or Employer District Superintendent

TO THE APPLICANT: I understand this letter of reference is to be received and maintained in confidence by Harvest Bible Institute for admission purposes. I hereby expressly waive any and all rights I have of access to this evaluation under the Family Education Rights and Privacy Acts of 1974, and any/or all other laws, regulations or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; the right to request an amendment of this letter.

- I agree to waive access to this statement I do not agree to waive access to this statement.

Signature of Applicant _____ Date _____

INSTRUCTIONS TO THE RECOMMENDER

The student named above has applied for admission to Harvest Bible Institute and has requested that you give a personal reference. We would be grateful if you would give your frank evaluation of the applicant by responding to the questions listed below. Harvest Bible Institute is a ministry training school which strives to equip men and women for various forms of Christian ministry. Each applicant is evaluated from several perspectives before final admission is granted. Among the **indices** which are evaluated are Christian experience, personal character, academic potential, and ministerial promise.

Mail or deliver this completed form to the applicant in an envelope provided to you, or mail your recommendation directly to us. Please be sure to sign and seal the flap of the envelope. We also ask that you notify the applicant of your action. To avoid delays in processing the application, please promptly respond and mail the form to:

Harvest Bible Institute, Office of Admissions, P.O. Box 2391, Fayetteville, NC 28302

PERSONAL EVALUATION OF THE APPLICANT

1. How long have you known this applicant? _____

2. In what capacity? _____

3. If this candidate is admitted to Harvest Bible Institute, his/her chief need for personal development or improvement will be:

4. The special assets this applicant has for ministry are: _____

ASSESSMENT OF APPLICANT'S ABILITIES

Please check which of the following descriptions apply to the candidate. Check "Unknown" if you are unable to judge.

	Inadequate	Adequate	Strong	Outstanding	Unknown
<u>Social Appropriateness</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Emotional Stability</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Leadership Qualities</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Responsibility</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Cooperation</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Reliability</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Communication (Articulateness)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Financial Integrity</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Professional Ability</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Potential for Ministry</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Personal Demeanor</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Family Relationships</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Initiative</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Academic Ranking</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Creative Instinct</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Ability to Think Reflectively</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Spiritual Maturity</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Church Involvement</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDATION

Please check one of the following:

- | | |
|--|---|
| <input type="checkbox"/> Recommend with enthusiasm for admission | <input type="checkbox"/> Recommend for admission |
| <input type="checkbox"/> Recommend with reservation | <input type="checkbox"/> Do not recommend for admission |

Name of recommender _____
(please print or type)

Position or title _____ Name of institution _____
(if applicable)

Address _____ City _____ State _____ Zip _____

Office Phone _____ Home Phone _____

Signature _____ Date _____

Thank you for your contribution. Please see previous page for mailing instructions.

PLEASE MAIL THIS FORM TO:
HARVEST BIBLE INSTITUTE ADMISSIONS *P.O. BOX 2391* FAYETTEVILLE NC 28302

