

AIDAN UNIVERSITY

P.O. Box 351148, Jacksonville, Florida, USA, Jacksonville, Florida 32235-1148 (888) 99-AIDAN – admissions@aidanu.org

Pastors Recommendation Letter

INSTRUCTIONS: This reference form should be completed by your pastor and mailed, e-mailed or faxed directly to the Admissions Office of Aidan University.

Applicant's name: _____ Age _____

Address _____

City: _____ State: _____ Zip Code: _____

Home Telephone (_____) _____ Work Telephone: (_____) _____

Waiver of right of access to confidential statement: I, the undersigned, hereby voluntarily waive any right to inspect the content of this recommendation.

Applicant's Signature: _____ Date: _____

TO THE PASTOR: The student named above is applying for admission to Aidan University. Your recommendation should refer to the applicant's Christian commitment through ministries of the local church. Serious consideration will be given to your comments. You must know the applicant for a least one year and must not be related. Statements will be kept confidential and made available only to those officers directly concerned with admission to the College. Thank you for helping us to evaluate the qualifications of this student prospect. Return this form directly to the Admissions Office, Aidan University, P.O. Box 351148, Jacksonville Florida 32235-1148. Fax: 904-646-1954 or e-mail at: admissions@aidanu.org

Your Name _____

Church Name and Denomination _____

Church Address _____

1. How long have you known the applicant? _____ Years _____ Months
2. How well do you know the applicant? _____ by name/sight _____ casually _____ fairly well _____ very well _____ Extremely well
3. Does the applicant profess to be saved/born again? _____ Yes _____ No _____ I don't know
4. Do you observe evidence to support this profession of faith? _____ Yes _____ No _____ I don't know
5. Is the applicant a member of your church? _____ Yes _____ No _____ I don't know
6. Indicate level of involvement? _____ Very Involved _____ Involved _____ Not involved
7. Please check the terms which best describe the applicants attitude toward the church and its activities: _____ Optimistic _____ Bottom-line organizer _____ Innovative _____ Great Encourager _____ Critical _____ Loyal Team Worker _____ Passive _____ Respectful _____ Not easily discouraged _____ Cooperative _____ Intolerant _____ Friendly _____ Oversteps authority

8. Describe the applicants involvement in the local church: Comments: _____

9. To your knowledge, does the applicant ___ drink? ___ smoke? ___ use illegal substances? Comments: _____

10. To your knowledge, is this person presently responsible for paying his/her bills? _____ Yes _____ No
 _____ I don't know

11. Please rate the applicant in the following areas;	Below Average	Average	Above Average	Good	Truly Exceptional	Inadquate Opportunity to Observe
Christian Commitment						
Integrity and Character						
Leadership Potential						
Morality and Ethics						
Speaking Skills						
Honesty						
Dependability & Cooperation						
Personal Appearance						
Confidence						
Family Oriented						
Success in Ministry						
Physical Health						
Steady: Predictable						
Resists Change						
Loyal Team Worker						
Consideration for Others						
Consideration for Others						
Mental Ability						
Persistence						
Emotional Stability						
Initiative						
Problem Solver						
Attempts too much at once						

12. Please tell us any information related to the applicant's spirituality, character, temperament, cooperativeness, honesty and good judgment or physical and mental health that should be considered by the admissions committee?

Comments: _____

13. Would you recommend this person as a candidate for the ministry?

____ Yes ____ Yes, with reservations ____ No

Comments: _____

14. How would you describe the applicant's attitude toward authority? ____ Consistent with Biblical Teaching

____ Have not observed ____ Questionable ____ Definite Problem

Comments: _____

THANK YOU FOR COMPLETING THIS EVALUATION.
YOUR COMMENTS WILL BE CAREFULLY CONSIDERED.

Pastor Signature: _____ Date: _____ Please
print your name: _____ Mail, e-mail or
fax this completed form directly to:

AIDAN UNIVERSITY
PO Box 351148
Jacksonville, Florida 32235-1148
Phone (888) 99-AIDAN
Fax (904) 646-1954
e-mail: admissions@aidanu.org
<http://www.aidanu.org>