

Pastor's Recommendation

(to be completed by All Students)

TO BE COMPLETED BY THE STUDENT

APPLICANT: Print your name in the space below. Then, give this form to your pastor or youth director. If there is a question or concern about the pastor filling out the form (i.e. Pastor is parent, new to the church or just doesn't know you well), please feel free to give the form to a leader who can comment on your spiritual walk.

Applicant's last name	First name	Middle initial
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Mailing address	City	State	Zip
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Under the provision of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records. The Act further provides that you may waive your right to see letters written on your behalf for admission.

I waive my right of access to this recommendation written on behalf of my candidacy for admission.

Applicant's signature	Date
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TO BE COMPLETED BY THE PASTOR/YOUTH DIRECTOR

The above student is applying for admission to Taylor University Fort Wayne. We value your comments and request that you give a full and candid report so that fair consideration may be given to the applicant.

- How long have you known the applicant? _____
- How well do you know the applicant? Check where appropriate:
☐ Casually - by name/sight ☐ Moderately well - few personal contacts ☐ Very well - numerous personal contacts
- To your knowledge, has the applicant made a personal commitment to Jesus Christ? ☐ Yes ☐ No ☐ Unsure
- Please indicate applicant's level of participation in church activities (please include involvement in other churches). Check one:
☐ Attends regularly and is fully involved ☐ Attends regularly and is somewhat involved ☐ Attends, but shows little interest ☐ Seldom attends

Please list this applicant's involvements in church and parachurch activities/organizations and leadership positions held:

5. Please evaluate the applicant in the following areas:

	Excellent	Above average	Average	Below average	Do not know
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christian commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the above ratings:

Please discuss the level of spiritual encouragement the applicant receives from his/her family:

Applicant's last name	First name	Middle initial
<p>6. In social relationships, the applicant is: <input type="checkbox"/> Sought out <input type="checkbox"/> Well-received <input type="checkbox"/> Tolerated <input type="checkbox"/> Avoided</p> <p>Please comment or explain:</p>		
<p>7. This applicant's spiritual influence on his/her peers is: <input type="checkbox"/> Evangelistic <input type="checkbox"/> Positive <input type="checkbox"/> Neutral <input type="checkbox"/> Negative</p> <p>Please comment or explain:</p>		
<p>8. To your knowledge, does the applicant:</p> <p>Use tobacco in any form? <input type="checkbox"/> Yes <input type="checkbox"/> No Drink alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No Use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>		
<p>9. Please share the ways this student has demonstrated a desire to positively impact his/her school, church or community:</p>		

Name (please print)	E-mail	Date	
Signature		Position	
Name of church	Denomination	Telephone number	
Church mailing address	City	State	Zip
<p>Are you an alumnus of Taylor University? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is a member of your staff an alumnus of Taylor University? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name: _____</p> <p>May we schedule a time to visit your church? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you be interested in bringing your youth group to visit our campus? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

Thank you for taking the time to complete this form. Your observations will assist us in our evaluation of the applicant. Please return to:

Phone: 1.800.233.3922
260.744.8689

Fax: 260.744.8850

E-mail: admissions@fw.taylor.edu

Web: <http://fw.taylor.edu>

Office of Enrollment Services
Taylor University Fort Wayne
1025 West Rudisill Blvd.
Fort Wayne, IN 46807-2197

Office Hours:
Monday - Friday 8am - 5pm

Summer Hours:
Monday - Friday 7:30am - 4:30pm

In addition to our regular visitation program through the week, alternative evening and Saturday appointments may be scheduled if arranged in advance.