

# *evangel*university

*boldlychristian. unquestionablyacademic.*

1111 N. GLENSTONE AVE. | SPRINGFIELD, MO 65802-2191

1.800.EVANGEL | www.evangel.edu

## PASTORAL REFERENCE

**To the Applicant:** Please provide your legal name and sign the waiver below. Submit this form to your Pastor with the enclosed envelope. This form must be completed by a non-relative.

APPLICANT'S NAME			
LAST	FIRST	MIDDLE	
PERMANENT ADDRESS			
CITY	STATE	ZIP CODE	
SOCIAL SECURITY NUMBER		PHONE NUMBER	
I, the undersigned, hereby voluntarily waive my right to review this recommendation so that the person completing this form may do so without reservation.			
SIGNATURE OF APPLICANT		DATE	

**To the Pastor:** In order to determine this applicant's eligibility for admission, Evangel University requests your evaluation of his or her spiritual character. Please complete and sign this sheet and return it to Evangel University. If the applicant is related to you, please have another member of the pastoral staff or official board complete the reference sheet. We respect your position in conducting the evaluation. If you wish to speak to an admissions counselor about this application, please call 1-800-EVANGEL. Thank you.

PASTOR'S NAME	POSITION
CHURCH NAME & DENOMINATION	
ADDRESS: CITY, STATE & ZIP	
TELEPHONE	EMAIL

1. How long have you known the applicant? \_\_\_\_\_

2. How well do you know the applicant?  VERY WELL  WELL  CASUALLY

3. Does the applicant currently attend your church?  YES  NO  
If yes, how long has the applicant attended?  UNDER 3 MONTHS  3-6 MONTHS  6 MONTHS TO YEAR  1+ YEARS

4. To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ?  YES  NO  
If unsure, please comment \_\_\_\_\_

5. To the best of your knowledge, is the applicant currently living a Christian life?  YES  NO  
If unsure, please comment \_\_\_\_\_

6. In which activities does the applicant participate?  
 YOUTH GROUP  SUNDAY SCHOOL  MUSIC/DRAMA  LEADERSHIP  OTHER \_\_\_\_\_

**7. Please describe the applicant's character including the following areas:**

**Emotional stability:** \_\_\_\_\_

**Spiritual life:** \_\_\_\_\_

**Integrity:** \_\_\_\_\_

**Maturity:** \_\_\_\_\_

**Concern for others:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**8. How would you describe the applicant's ability to succeed socially and academically in college?**

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**9. To the best of your knowledge, has the applicant used alcohol, illegal drugs, tobacco or been involved in immoral sexual activity within the last twelve months?**  YES  NO

If yes, please explain:

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**10. Additional Comments**

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**11. Your recommendation of this applicant to Evangel University:**

STRONGLY RECOMMEND  RECOMMEND  RECOMMEND WITH RESERVATION  DO NOT RECOMMEND

*No applicant can be considered for admission until his or her Pastoral Reference is returned to the Office of Admissions. We appreciate the prompt attention and honesty you have given to this evaluation. Thank you!*

**Do you wish to receive materials about Evangel University?**

COUNSELOR PACKET  OTHER \_\_\_\_\_

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PASTOR'S SIGNATURE

DATE

Please fax completed form to (417) 865-9599 or mail to:  
Office of Admissions  
Evangel University  
1111 N. Glenstone  
Springfield, MO 65802-2191