

## Pastor/Clergy Reference

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Applicant Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

To be completed by the applicants Pastor or Clergy who knows the applicant both personally and spiritually.

**An applicants file will not be reviewed until this reference has been received.**

**A note to both the applicant and reference provider:** The Family Education Rights and Privacy Act of 1974 permits students enrolled in Brewer Christian College and Graduate School to review their personal files compiled by the school unless they have waved their right by signing below. We trust that this will not deter you from providing frank and honest comments.

**Applicant:** I waive the right to review this reference as part of my file at Brewer Christian College. \_\_\_ Yes \_\_\_ No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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1. How well do you know the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Comment on the applicants Christian Commitment to the best of your knowledge  
\_\_\_\_\_  
\_\_\_\_\_

3. Give examples of the applicant's involvement in the life and work of the church  
\_\_\_\_\_  
\_\_\_\_\_

4. What outstanding abilities does the applicant possess?  
\_\_\_\_\_  
\_\_\_\_\_

5. List the most positive/ negative personal traits that the applicant possesses  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you have confidence in the applicant's integrity? \_\_\_ Yes \_\_\_ No If no please explain  
\_\_\_\_\_  
\_\_\_\_\_

7. Are there family or personal factors, either positive or negative, which might affect the applicants success at Brewer Christian College and Graduate School? \_\_\_ Yes \_\_\_ No If yes please explain  
\_\_\_\_\_  
\_\_\_\_\_



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**Brewer Christian College and Graduate School**

P.O. Box 77657 ▪ Jacksonville, FL ▪ 32226 ▪ [www.BrewerChristianCollege.com](http://www.BrewerChristianCollege.com)

## Pastor/Clergy Reference 2/2

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8. Is the applicant a leader? \_\_\_ Yes \_\_\_ No
9. Recommendation for Admission. Please explain your response below

\_\_\_\_\_ Strongly Recommend (top 10% of candidates in your experience)  
\_\_\_\_\_ Recommend  
\_\_\_\_\_ Recommend -may encounter some difficulty  
\_\_\_\_\_ Do not recommend  
\_\_\_\_\_ Prefer not to make a recommendation

10. To better qualify or expand your appraisal of the applicant, please make any additional comments.

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Name (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Church name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Return to:**

Brewer Christian College Admissions

P.O. Box 77657

Jacksonville, Florida 32226

Admissions Toll Free 888-271-4081

**Or Fax to:**

888-271-4081



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