



# CHURCH REFERENCE FORM

## Saint Louis Christian College

### APPLICANT CONTACT INFORMATION (to be filled out by the applicant)

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) Cell Phone: ( )

Do you waive your right to see this reference? Yes ☐ No ☐

I understand I have waived my right of accessing the information included on this reference form. It is confidential and will be seen only by the appropriate personnel of Saint Louis Christian College.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICANT INFORMATION (to be filled out by the reference. Reference cannot be related to applicant.)

Saint Louis Christian College is a Bible college based on Biblical principles and core values we believe all applicants should possess. Please answer the following questions to the best of your knowledge. All responses will remain confidential.

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

In what capacity do you know the applicant? \_\_\_\_\_

Please rate the applicant to the best of your knowledge in the following areas:

	EXCELLENT	GOOD	AVERAGE	POOR	UNKNOWN
INVOLVEMENT IN CHURCH ACTIVITIES					
PEOPLE SKILLS					
MOTIVATION					
LEADERSHIP SKILLS					
DEPENDABILITY					
COOPERATION					
SPIRITUAL MATURITY					
HOME BACKGROUND					
FAITHFUL (REGULAR) ATTENDANCE					

## RECOMMENDATION INFORMATION

The Office of Admissions appreciates your candid comments regarding this applicant. Please use the space below to provide the Admissions Committee with a perspective on the applicant's motivation, ability, character and personality.

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Do you recommend that we accept this applicant as a student at Saint Louis Christian College?

- ☐ Yes, I recommend this student with no reservations.  
☐ Yes, I recommend this student with reservations.  
☐ No, I do not think this student would be a good fit for SLCC.

## REFERENCE CONTACT INFORMATION

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip

Work Telephone: ( ) E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

May we call you if we have any questions regarding this applicant? Yes ☐ No ☐

No person is denied the benefits of admission to Saint Louis Christian College on the basis of race, color, national origin, sex or disability.

Please mail completed form to: OFFICE OF ADMISSIONS  
SAINT LOUIS CHRISTIAN COLLEGE  
1360 GRANDVIEW DRIVE  
FLORISSANT, MISSOURI 63033