

FRIEND'S REFERENCE

This section is to be filled out by the applicant:

Applicant's Name: _____ Date: ___/___/___

I willingly waive the right of access to see this recommendation, knowing this waiver is NOT required as a condition for admission.

Signature of the Applicant

This Section is to be filled out by the Reference:

I. How long have you known the applicant: _____ Years _____ Months

II. How familiar are you with the applicants:

Spiritual Life: _____

Social Life: _____

Business Life: _____

III. How would you describe the applicant's home life: _____

IV. Where does the applicant show gifting and talent:

Please explain: _____

V. Does the applicant work well with others: ___ Yes ___ No

If no, please explain: _____

VI. Does the applicant respond well to authority: ___ Yes ___ No

If no, please explain: _____

VII. Have you noted any personality weaknesses in the applicant: ___ Yes ___ No

If yes, please explain: _____

VIII. Is the applicant's actions towards those of the opposite sex above reproach: ___ Yes ___ No

If no, please explain: _____

IX. Has the applicant had a history of criminal or social misbehavior: ___ Yes ___ No

If yes, please explain: _____

Jackson Hole Bible College

I. Has the applicant had or now receiving counseling from the following:

___ Biblical ___ Nouthetic ___ Professional Biblical ___ Secular

If yes, please supply dates and reasons for treatment: _____

II. What if any areas need to be developed in the applicants life: _____

III. Can you conscientiously recommend the applicant for admission to Jackson Hole Bible College:

___ Yes ___ Yes, with reservation ___ No If no, please explain: _____

	2	1	N		5		4	3				
Purposefulness												
Initiative	3	2	1	N	Outstanding	Above Average	Average	Below Average	Poor	No Information	5	4
Industry	3	2	1	N							5	4
Influence on others					5	4	3	2	1	N		
Acceptance by others					5	4	3	2	1	N		
Responsibility					5	4	3	2	1	N		
Leadership					5	4	3	2	1	N		
Emotional qualities					5	4	3	2	1	N		
Personal appearance (<i>hygiene</i>)					5	4	3	2	1	N		
Maturity					5	4	3	2	1	N		
Judgement/Commonsense					5	4	3	2	1	N		
Teachability					5	4	3	2	1	N		

Friend's name (please print): _____

Friend's signature: _____ Date: ___/___/___

Friend's Occupation and Position: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: () _____ Home Phone: () _____

Email address: _____

Please send reference to:

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