



## CHURCH LEADERSHIP/PASTORAL REFERENCE FORM

**Applicant's Name:** \_\_\_\_\_ **Applicant's Phone:** \_\_\_\_\_

In seeking admission to *FarNorth School of Leadership*, the above applicant has been asked to have this form completed by a leader/mentor. We as a school are endeavoring to admit those students who would successfully complete the program. If you feel this form is not adequate for the depth of your remarks, please feel free to provide your response in any form you choose.

*CONFIDENTIALITY—The Federal Law gives students the op on of waiving their right to see specific leaders of recommendation. If the applicant has not signed the waiver at the bottom of this form, it will be assumed you are submitting information with the full knowledge that it may be seen by the applicant if he or she is accepted and enrolls at FarNorth School of Leadership.*

**1. Please describe the type of relationship you have with the applicant and how long you have known him or her.**

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**2. Please fill out the table below**

	<i>Excellent</i>	<i>Very Good</i>	<i>Average</i>	<i>Poor</i>	<i>Not Observed</i>
<i>Christian Faith and Commitment</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Academic Competence</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ability to Communicate</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Personal Maturity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Spiritual Maturity</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ability to Work With Others</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Potential For Leadership</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Initiative and Perseverance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. How would you describe this person's respect for authority in his or her life?**

**4. How would you summarize this person's strengths?**

**5. How would you summarize this person's weaknesses?**

**6. Would you be comfortable with this person as a leader in your church?**

Reference's Name: \_\_\_\_\_ Church: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail to: FarNorth School of Leadership, 2830 Airport Way, Fairbanks, AK. 99709**

**Applicant:** The Family Education and Privacy Act of 1974 provides applicants the right of access to information provided by their references after the applicants have been accepted by and enrolled at Fairbanks First Assembly FarNorth School of Leadership. This law also allows applicants the privilege to waive this right of access, an action which may protect the integrity of recommendations and references. No school, however, can require an applicant to sign such a waiver, nor can it discriminate in any way against an applicant who does not waive his or her access. Applicant, please initial one below:

\_\_\_\_\_  
I waive my right to review this form

\_\_\_\_\_  
I do not waive the right to review this form