

REFERENCE FORM

General (Anyone other than a family member)

HOBE SOUND BIBLE COLLEGE, P.O. BOX 1065, HOBE SOUND, FL 33475

Seeking admission for Fall Spring 20_____

APPLICANT'S NAME _____

TO THE APPLICANT: Complete the items above and give a form to each indicated person. Read the application instructions for further details. The applicant should provide a stamped envelope addressed to the director of admissions for the person filing the reference.

I WILLINGLY WAIVE MY RIGHT OF ACCESS TO SEE THIS REFERENCE FORM, KNOWING THAT THIS WAIVER IS NOT REQUIRED AS A CONDITION FOR ADMISSION.

APPLICANT'S SIGNATURE

The person named above is applying for admission to Hobe Sound Bible College and is asking you to furnish a reference. HSBC is a Christian institution with definite Christian goals, and our desire is to admit students who will profit the most from their enrollment here. Please be frank, fair, and accurate in your remarks and estimates.

- How long have you known the applicant? _____ How well? slightly casually well very well
- In what relationship? _____ Do you consider the applicant to be a sincere Christian? Yes No

PLEASE INDICATE YOUR OBSERVATIONS IN THE FOLLOWING AREAS

- Evidence of financial responsibility _____
- Traits of character or conduct not in keeping with a Christian testimony _____

- Relationship with the opposite sex _____
- Ability to get along with others _____
- Family background _____

PLEASE RATE APPLICANT BY CHECKING ONE BLANK ON EACH LINE.

APPLICANT'S CHARACTERISTICS	POOR	FAIR	AVERAGE	ABOVE AVERAGE	EXCELLENT
SPIRITUAL LIFE					
INITIATIVE					
DEPENDABILITY/TRUSTWORTHINESS					
INFLUENCE ON/ACCEPTANCE BY OTHERS					
RESPONSIVENESS TO AUTHORITY					
LEADERSHIP ABILITY					
EMOTIONAL STABILITY					
PERSONAL APPEARANCE					

I recommend the applicant Strongly Acceptable With Reservations Do Not Recommend

Additional comments may be written on the back of this form. If you desire to discuss this reference with a member of the Admissions Committee, please check here and indicate preferred evening hours when we may phone you.

Signature _____ Date _____

Phone () _____ Occupation _____