

PERSONAL REFERENCE

(APPLICANT NEEDS TWO PERSONAL REFERENCES)

WE WOULD APPRECIATE YOUR VALUABLE OBSERVATION AND RECOMMENDATIONS REGARDING THE APPLICANT NAMED BELOW WHO IS SEEKING ADMISSION TO CHRIST FELLOWSHIP ACADEMY, A CHRISTIAN SCHOOL, AND A MINISTRY OF CHRIST FELLOWSHIP. THANK YOU IN ADVANCE FOR YOUR ASSISTANCE.

PLEASE RETURN THIS FORM TO:

ADMISSIONS DEPARTMENT, CHRIST FELLOWSHIP ACADEMY, 8900 SW 168TH STREET, PALMETTO BAY, FLORIDA 33157, OR FAX TO (305)232-3518.

PRINT NAME OF APPLICANT: _____ CURRENT GRADE: _____
LAST FIRST

DESCRIBE YOUR RELATIONSHIP WITH THE APPLICANT: _____

DESCRIBE THE APPLICANT'S CHARACTER (LOYALTY, INTEGRITY, RESPECTFULNESS, ETC.): _____

DESCRIBE THE APPLICANT'S INVOLVEMENT IN CHURCH ACTIVITIES, YOUTH GROUP, AND EXTRA CURRICULAR ACTIVITIES: _____

DO YOU THINK THE APPLICANT WILL BE SUCCESSFUL AT CHRIST FELLOWSHIP ACADEMY? PLEASE EXPLAIN YOUR ANSWER: _____

PLEASE NOTE SIGNIFICANT STRENGTHS OR WEAKNESSES OF THE APPLICANT: _____

HAS THE APPLICANT BEEN INVOLVED IN?

USE OF DRUGS USE OF ALCOHOL DISHONESTY DISRUPTIVE BEHAVIOR EMOTIONAL INSTABILITY

YOUR ESTIMATE OF THE APPLICANT'S FUTURE ACADEMIC SUCCESS:

SUPERIOR ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

YOUR SPECIFIC RECOMMENDATION:

HIGHLY RECOMMENDED RECOMMENDED Do NOT RECOMMEND

SIGNATURE: _____ DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

