



**Non-relative Reference**

**A. Student Information**

Name- \_\_\_\_\_

Address- \_\_\_\_\_

Phone(s)- \_\_\_\_\_

Degree Program Applied For- \_\_\_\_\_

**B. Reference Information**

Name of Person filling out Reference- \_\_\_\_\_

Address- \_\_\_\_\_

Phone(s)- \_\_\_\_\_

**C. Evaluation**

1. How long have you known the applicant? \_\_\_\_\_ What capacity? \_\_\_\_\_

2. What are the applicant's greatest strengths? \_\_\_\_\_

3. Does the applicant evidence a call to ministry? yes no What area?  
\_\_\_\_\_

4. Please evaluate the applicant on the following by checking the appropriate category.

S-Superior    A-Average    NI-Needs Improvement    NO-Not Observed

Qualifications	S	A	NI	NO	Qualifications	S	A	NI	NO
Christian character					Oral expression				
Denominational soundness					Written expression				
Leadership ability					Personal appearance				
Interpersonal skills					Self confidence				
Sense of responsibility					Ability to accomplish tasks				
Financial responsibility					Ability to work well with others				
Intellectual ability									



5. Does the applicant use tobacco, alcohol, or any drug? yes no Please explain:

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6. Do you know if the applicant been arrested for any reason? yes no Please explain:

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7. Does the applicant have habits that might hinder ministry? yes no Please explain:

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8. Are you aware of any problems, in the past or present of the applicant that could affect his or her training for ministry? yes no Please explain:

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**D. Attestment**

Do you conscientiously recommend this applicant for ministry training at ANBS?

Highly Recommend   Recommend with Reservation   Recommend   Cannot Recommend

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date