

# AIDAN UNIVERSITY

P.O. Box 351148, Jacksonville, Florida, USA, Jacksonville, Florida 32235-1148 (888) 99-AIDAN – [admissions@aidanu.org](mailto:admissions@aidanu.org)

## Pastors Recommendation Letter

INSTRUCTIONS: This reference form should be completed by your pastor and mailed, e-mailed or faxed directly to the Admissions Office of Aidan University.

Applicant's name: \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_\_) \_\_\_\_\_

Waiver of right of access to confidential statement: I, the undersigned, hereby voluntarily waive any right to inspect the content of this recommendation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO THE PASTOR: The student named above is applying for admission to Aidan University. Your recommendation should refer to the applicant's Christian commitment through ministries of the local church. Serious consideration will be given to your comments. You must know the applicant for a least one year and must not be related. Statements will be kept confidential and made available only to those officers directly concerned with admission to the College. Thank you for helping us to evaluate the qualifications of this student prospect. Return this form directly to the Admissions Office, Aidan University, P.O. Box 351148, Jacksonville Florida 32235-1148. Fax: 904-646-1954 or e-mail at: [admissions@aidanu.org](mailto:admissions@aidanu.org)

Your Name \_\_\_\_\_

Church Name and Denomination \_\_\_\_\_

Church Address \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months
2. How well do you know the applicant? \_\_\_\_\_ by name/sight \_\_\_\_\_ casually \_\_\_\_\_ fairly well \_\_\_\_\_ very well \_\_\_\_\_ Extremely well
3. Does the applicant profess to be saved/born again? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ I don't know
4. Do you observe evidence to support this profession of faith? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ I don't know
5. Is the applicant a member of your church? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ I don't know
6. Indicate level of involvement? \_\_\_\_\_ Very Involved \_\_\_\_\_ Involved \_\_\_\_\_ Not involved
7. Please check the terms which best describe the applicants attitude toward the church and its activities: \_\_\_\_\_ Optimistic \_\_\_\_\_ Bottom-line organizer \_\_\_\_\_ Innovative \_\_\_\_\_ Great Encourager \_\_\_\_\_ Critical \_\_\_\_\_ Loyal Team Worker \_\_\_\_\_ Passive \_\_\_\_\_ Respectful \_\_\_\_\_ Not easily discouraged \_\_\_\_\_ Cooperative \_\_\_\_\_ Intolerant \_\_\_\_\_ Friendly \_\_\_\_\_ Oversteps authority

8. Describe the applicants involvement in the local church: Comments: \_\_\_\_\_

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9. To your knowledge, does the applicant \_\_\_ drink? \_\_\_ smoke? \_\_\_ use illegal substances? Comments: \_\_\_\_\_

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10. To your knowledge, is this person presently responsible for paying his/her bills? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \_\_\_\_\_ I don't know

11. Please rate the applicant in the following areas;	Below Average	Average	Above Average	Good	Truly Exceptional	Inadquate Opportunity to Observe
Christian Commitment						
Integrity and Character						
Leadership Potential						
Morality and Ethics						
Speaking Skills						
Honesty						
Dependability & Cooperation						
Personal Appearance						
Confidence						
Family Oriented						
Success in Ministry						
Physical Health						
Steady: Predictable						
Resists Change						
Loyal Team Worker						
Consideration for Others						
Consideration for Others						
Mental Ability						
Persistence						
Emotional Stability						
Initiative						
Problem Solver						
Attempts too much at once						

12. Please tell us any information related to the applicant's spirituality, character, temperament, cooperativeness, honesty and good judgment or physical and mental health that should be considered by the admissions committee?

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Would you recommend this person as a candidate for the ministry?

\_\_\_\_ Yes \_\_\_\_ Yes, with reservations \_\_\_\_ No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. How would you describe the applicant's attitude toward authority? \_\_\_\_ Consistent with Biblical Teaching

\_\_\_\_ Have not observed \_\_\_\_ Questionable \_\_\_\_ Definite Problem

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THANK YOU FOR COMPLETING THIS EVALUATION.  
YOUR COMMENTS WILL BE CAREFULLY CONSIDERED.

Pastor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Please  
print your name: \_\_\_\_\_ Mail, e-mail or  
fax this completed form directly to:

AIDAN UNIVERSITY  
PO Box 351148  
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Fax (904) 646-1954  
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