

MINISTERIAL REFERENCE FORM



TO THE APPLICANT:

FILL IN YOUR NAME AND SIGNATURE AND GIVE THIS REFERENCE FORM TO A MINISTER, ELDER, OR OTHER CHURCH LEADER WHO KNOWS YOU WELL.

TO THE CHURCH LEADER:

THE UNDERSIGNED STUDENT IS REQUESTING YOUR RECOMMENDATION FOR ACCEPTANCE TO CENTRAL CHRISTIAN COLLEGE OF THE BIBLE. FOR MORE INFORMATION ABOUT CCCB FEEL FREE TO BROWSE OUR WEBSITE AT <http://www.cccb.edu>. YOUR HONEST INPUT HELPS US IN OUR EVALUATION.

NAME _____ SIGNATURE _____

THE REST OF THIS FORM IS TO BE COMPLETED BY THE CHURCH LEADER

NAME _____ TITLE _____

RELATIONSHIP TO APPLICANT _____ HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

PLEASE MARK BEST OPTION	EXCELLENT	ABOVE AVG.	AVERAGE	BELOW AVG.	POOR	UNKNOWN
PERSONAL MATURITY						
HONESTY/RELIABILITY						
EMOTIONAL STABILITY						
RELATIONSHIPS						
ABILITY TO HANDLE CONFLICT OR DISAGREEMENT						
SUBMISSION TO AUTHORITY						
LEADERSHIP						
INTEGRITY						
WORK HABITS						
BIBLE KNOWLEDGE						
DESIRE TO LEARN/GROW						
PASSION FOR MINISTRY						

PLEASE MARK	HOW HIGHLY DO YOU RECOMMEND THIS APPLICANT FOR ADMISSION TO CCCB? IF "HESITANTLY" OR "NOT AT ALL" PLEASE EXPLAIN IN THE ADDITIONAL COMMENT BOX.		
HIGHLY	GENERALLY	HESITANTLY	NOT AT ALL

ADDITIONAL COMMENTS

SIGNATURE _____ CHURCH _____

CHURCH ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

PLEASE MAIL TO:

**ATTN: ADMISSIONS OFFICE
CENTRAL CHRISTIAN COLLEGE OF THE BIBLE
911 E. URBANDALE
MOBERLY, MO 65270**