



Kentucky Christian University

Pastor/Youth Pastor Evaluation and Recommendation

Mail to the Admissions Office, Kentucky Christian University, 100 Academic Parkway, Grayson, KY 41143

To Be Completed By Student

After completing this section, please ask your Pastor/Youth Pastor to complete the bottom part of this form and mail it to the Office of Admissions at their earliest convenience.

Student's Full Name _____

Name of Home Church _____

Address of Home Church _____ City _____

State _____ Zip _____ Church's Phone Number (_____) _____

This Section To Be Completed By Recommender

This form will be used for the admissions process. Please complete the information below.

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

What are the first words that come to your mind to describe this student? _____

To your knowledge has the applicant been involved with drugs, tobacco, and/or alcohol? Yes No

Do you think the applicant is academically suited for college? Yes No

Please Complete the Following:

Please check the appropriate box:	Excellent	Good	Average	Poor	Unknown
Christlike Character					
Self-Disciplined					
Honesty					
Dependable					
Personal Character					
Leadership Potential					
Maturity					

Do you recommend that this applicant be admitted into Kentucky Christian University?

Highly recommend Recommend Recommend with reservation Do not recommend

Additional comments: _____

Name _____

Signature _____ Date _____