



Pastor Recommendation Form

To Be Completed by the Student

Applicant: Please complete this section and give this form to your youth pastor. **Be sure to check the deadline for which you are applying.**

If there is a question or concern about the pastor filling out the form (i.e. Pastor is parent, new to the church or just doesn't know you well), please feel free to give the form to a leader who can comment on your spiritual walk.

Deadline for which you are applying: November 1 December 1 February 1 April 1

Applicant's Full Name _____

Mailing Address _____

Under the provision of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records. The Act further provides that you may waive your right to see letters written on your behalf for admission.

I waive my right of access to this recommendation written on behalf of my candidacy for admission.

Applicant's signature _____ Date _____

To Be Completed by the Pastor/Youth Director

Note: This student's application will not be evaluated until we have received your form. Please see deadline date above.

Each applicant for admission to Taylor University must submit a pastor's recommendation. We value your comments and request that you give a full and candid report, so that fair consideration may be given to the applicant.

1. How long have you known the applicant? _____

2. How well do you know the applicant? Please add comments
 Just by name and sight _____
 Casually, few personal contacts _____
 Fairly well, many personal contacts _____
 Very well, close pastor/parishioner relationship _____

3. Please rate the applicant's involvement in church activities. Please add comments
 Seldom attends _____
 Attends but shows little interest _____
 Attends regularly and somewhat involved _____
 Enthusiastically involved _____

4. To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes No

5. Please indicate the applicant's spiritual influence on his/her peers. Evangelistic Positive Neutral Negative

6. Please circle 5 of the 16 words listed below that best describe the applicant. Please add comments

Leader	Relational	Teachable	Committed	_____
Compassionate	Mature	Self-Centered	Authentic	_____
Distracting	Critical	Follower	Loner	_____
Creative	Complacent	Disciple	Sincere	_____

7. Please list the most obvious strength and weakness that comes to mind when you think of this applicant.

Strength: _____

Weakness: _____

8. To the best of your knowledge does the applicant: Smoke? Yes No Drink alcoholic beverages? Yes No Use illegal drugs? Yes No
(Learn more about Taylor's Life Together Covenant at <http://www.taylor.edu/ltc>)

9. Please feel free to share with us any information or clarifications you may have about the applicant that would help in our evaluation.

Name (Please print)		Date	
Signature		Position	
Name of church		Denomination	
Church address	City	State	Zip
Church telephone		Email address	
How familiar are you with Taylor University? <input type="checkbox"/> Very familiar <input type="checkbox"/> Somewhat familiar <input type="checkbox"/> Not at all familiar			
Are you an alumnus of Taylor University? <input type="checkbox"/> Yes <input type="checkbox"/> No		Graduation Year _____	
Is a member of your staff an alumnus of Taylor University? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate name _____	
How many do you have in your youth group? _____		Are you interested in bringing your youth group to campus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are interested in a Taylor representative visiting with you and your youth group, please call our office at 800.882.3456.			
Would you like to receive any literature from Taylor University? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If you know other students that you believe would be interested in Taylor, please list their information or go to www.taylor.edu/recommend and add them to our mailing list.

Full Name: _____

Mailing Address: _____

Phone Number: _____

Graduation Year: _____ E-mail address: _____

Thank you for taking the time to complete this form. Your observations will assist us in our evaluation of the applicant. Please return to:

Office of Admissions
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Upland, Indiana 46989-1001
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FAX 765.998.4925
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admissions@taylor.edu