



# 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 a 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 \_\_\_\_\_

## 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 dates 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

Enthusiastically involved

Attends but shows little interest

Attends regularly and somewhat involved

Seldom attends

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 you may have about the applicant that would help in our evaluation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|  |                |
|--|----------------|
| Name (Please print)  | Date           |
| Signature  | Position       |
| Name of church   | Denomination   |
| Church address   |                |
| Church E-mail  | E-Mail 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 contact our office at 800.882.3456 or <a href="mailto:admissions@taylor.edu">admissions@taylor.edu</a> . |                |
| 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/](http://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  
236 West Reade Avenue  
Upland, Indiana 46989-1001  
United States of America  
**800 882.3456 • 765 998.5511**  
FAX 765 998.4925  
**[www.taylor.edu](http://www.taylor.edu)**  
[admissions@taylor.edu](mailto:admissions@taylor.edu)