

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.

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.

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? Add comments if necessary
 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 Add comments if necessary
 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. Add comments if necessary

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

9. 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 Year you graduated _____	
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.	
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:

TAYLOR
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