

To be completed by the Applicant:

I hereby waive my right to access the information on this Reference Form: Yes No

Name: _____

Signature: _____

To be completed by a **pastor, or close friend**:

First Name: _____ Last Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Phone: (____) _____

Relationship to Applicant: _____

How long have you known the Applicant? _____

In what ways does the applicant show a desire to learn? _____

Please rate the applicant in the following areas:

	Excellent	Good	Fair	Poor	Not Applicable/Don't Know
Time Management:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servanthood:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellect:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Desire:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include a specific letter of recommendation

Email this reference form to the following address: Admissions [name of applicant]
Aletheia Christian College
401 6th Ave N
Twin Falls, ID 83301

To be completed by the Applicant:

I hereby waive my right to access the information on this Reference Form: Yes No

Name: _____

Signature: _____

To be completed by a teacher or **employer/supervisor**:

First Name: _____ Last Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Phone: (____) _____

Relationship to Applicant: _____

How long have you known the Applicant? _____

In what ways does the applicant show a desire to learn? _____

Please rate the applicant in the following areas:

	Excellent	Good	Fair	Poor	Not Applicable/Don't Know
Time Management:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Servanthood:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellect:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Diligence:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Desire:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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