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# Independent Baptist Academy

**Email:** [independentbaptistacademy@gmail.com](mailto:independentbaptistacademy@gmail.com)

## Secondary Pastoral Recommendation Form

### To be completed by the Applicant:

**Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Last First M.I.*

This recommendation form should be completed by your pastor or youth pastor and mailed directly by him to Independent Baptist Academy. Please sign the following waiver prior to giving this form to your pastor or youth pastor.

I hereby waive my right to review this confidential recommendation, which becomes a permanent part of my admissions file.

**Please Print**  
**Your Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

### To be completed by the Pastor:

The above-named applicant is applying for enrollment at Independent Baptist Academy. Serious consideration will be given to your responses; therefore, we ask that you candidly and prayerfully complete the questionnaire below. Please be sure to answer every question. You may use N/A where necessary. All information on this form will be held in the strictest confidence.

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Church Name:** \_\_\_\_\_ **Denominational Affiliation:** \_\_\_\_\_

**Church Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Are you related to the applicant? (Circle One) Yes No**

**E-mail:** \_\_\_\_\_ **If yes, how are you related?** \_\_\_\_\_

## Recommendation Questionnaire

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?

- ☐ Very close pastoral relationship
- ☐ Casually with few personal contacts
- ☐ Only by name and sight

Has the applicant demonstrated a personal commitment to Jesus Christ?

- ☐ Yes
- ☐ No
- ☐ I am Unsure

To what extent does the applicant engage in church activities?

- ☐ Attends regularly, enthusiastically and deeply involved
- ☐ Attends regularly, cooperative and willing to help
- ☐ Attends regularly, seldom participates in activities
- ☐ Attends regularly, no participation
- ☐ Does not attend regularly
- ☐ Unknown

In what form of Christian service, if any, has the applicant been a participant?

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

What type of spiritual influence is the applicant on his/her peers?

- ☐ Strengthening
- ☐ Negative
- ☐ Neutral
- ☐ I do not know

To your knowledge, does the applicant use tobacco products of any kind?

- ☐ Yes
- ☐ No

To your knowledge, does the applicant drink alcohol?

- ☐ Yes
- ☐ No

Has the applicant lived a consistent moral life?

- ☐ Yes
- ☐ No
- ☐ Unsure

If "no" or "unsure," please explain:

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

Please rate the applicant's qualities in each of the following areas from 1-5. (5 being "Well Above Average", 3 being "Average", and 1 being "Well Below Average"). If you cannot speak to a specific quality, please write N/A.

1. Leadership Skills \_\_\_\_\_
2. Emotional Maturity \_\_\_\_\_
3. Social Interactions \_\_\_\_\_
4. Respect for Authority \_\_\_\_\_
5. Concern for others \_\_\_\_\_
6. Religious Commitment \_\_\_\_\_

☐ I would like to discuss my answers over the phone.

**OVERALL EVALUATION OF THIS APPLICANT:**

\_\_\_ Excellent

\_\_\_ Above Average

\_\_\_ Average

\_\_\_ Questionable

**I RECOMMEND THIS APPLICANT TO IBA:**

\_\_\_ Without Reservation

\_\_\_ With Reservation

\_\_\_ Cannot Recommend

Comments:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed form by mail, fax, or email:

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