



STUDENT REFERENCE FORM

Capernwray Quebec Bible Centre

16710 Route 335 Chertsey, Québec J0K 3K0 Canada

Toll Free (North America): 1-877-882-1361 • Phone: (450) 882-1361 • Fax: (450) 882-1973

E-mail: bibleschool@cqbc.ca • Website: capernwrayquebec.ca



INSTRUCTIONS TO STUDENT

Fill out your name and address and give one form to your pastor and one to an adult who knows you well.

Student's Name: _____

Street: _____ Province: _____ Postal Code: _____

City: _____ Phone: (_____) _____

This Student Reference Form is to be used for processing an application form to attend:

- One Year Programme Fall Bible School Winter Bible School

INSTRUCTIONS TO PERSON COMPLETING REFERENCE

The above named applicant has indicated your willingness to be his/her reference for his/her application for attending this Bible School. We would be most grateful if you would answer the following questions.

The length of my relationship with the applicant is:

- less than one year 1 - 2 years 3 - 5 years more than 5 years

How well do you know him/her?

- by name/sight casually/few personal contacts
 fairly well/numerous contacts personal/very close relationship

How long has the applicant been a born-again Christian? _____

Please indicate the level of consistency in each of the following areas of the applicant's life:

	Consistent	Frequent	Occasional	Seldom
Bible Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church Service & Ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witnessing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Challenging others spiritually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I believe the applicant shows particular ability in _____

Is the applicant mature enough to leave home and adjust to a college community?

- strongly agree agree disagree

Please tick any of the following the applicant currently uses.

- tobacco alcohol habit forming drugs none to my knowledge

I have no reservations concerning the applicant's honesty and integrity.

- strongly agree agree disagree

Please include any information in regards to personal background that we should be aware of: _____

I recommend this applicant for study at a Torchbearer Bible School.

unreservedly with reservations do not recommend

If you do not recommend, please comment further: _____

To your knowledge, has the applicant ever been involved in the occult? Yes No

In order to give us a better profile of the applicant as a person, please rate the applicant in each of the following areas. Circle the number, which in your opinion, best represents where the applicant fits on the scale given for each category.

SELF-CONTROL	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	very little							extremely self-controlled			
COMMITTED BELIEVER	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	uncommitted							highly committed			
DILIGENT STUDENT	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	lazy							industrious			
TEACHABLE	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	rebellious							highly responsive			
HOME BACKGROUND	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	unsupportive							supportive			
SOCIABILITY	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	withdrawn							involved			
RELATIONSHIPS	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	abrasive							congenial			
EMOTIONAL STABILITY	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	unstable							stable			
INITIATIVE	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	never initiates							takes initiative			
LEADERSHIP	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	never leads							leader			
DEPENDABILITY	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	irresponsible							extremely dependable			
JUDGMENT	1	2	3	4	5	6	7	8	9	10	DO NOT KNOW
	poor							very discerning			

Please add any further comments you feel would be helpful to us _____

Your Name: _____ Position: _____

Street: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

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