

Fairwood Bible Institute

18 Fairwood Drive, Dublin, NH 03444-8320

RECOMMENDATION FORM

Please complete the first section of this recommendation, then give it to an adult who knows you well. This form should not be given to relatives. Also give them an addressed and stamped envelope for them to mail to Fairwood Bible Institute Admissions. No action will be taken on your application until this form is received.

TO BE COMPLETED BY STUDENT:

I am authorizing the release of the following information to be considered in my application for admission to Fairwood Bible Institute and understand that the information will be held in confidence by the Institute and will not be released to me or anyone else. I understand that this questionnaire will be mailed to Fairwood Bible Institute by the person completing the information below.

Date _____ Signed _____

Student's Name (please print) _____

TO BE COMPLETED BY THE PERSON RECOMMENDING STUDENT:

May we ask your help as we seek to make an intelligent selection of students and to learn something about their needs before they come to us? This information will be held strictly confidential by the Institute and will not be made available to the candidate. Please answer all questions frankly.

1. What relationship do you have with this person and for how long have you known them?

2. Do you know of any reason why this person would not be suitable to attend Fairwood Bible Institute?
_____ If yes, please state why.

3. To what extent do you consider the applicant to be a dedicated Christian?

4. Is this person trustworthy?

5. List any outstanding traits either positive or negative.

6. Would you be uncomfortable if your children were in close association with this person?

7. Other comments or information: (use back side or separate paper if needed)

Date _____ Signed _____

Name _____ Phone _____

Address _____ City _____ State ___ Zip _____