



# Fairwood Bible Institute

RECOMMENDATION FORM

18 FAIRWOOD DRIVE  
DUBLIN, NH 03444-8320  
TEL (978)216-2512  
FAX (603)563-8138  
fairwoodbible.org  
admissions@fairwoodbible.org

## DIRECTIONS FOR STUDENT

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 at the address above. No action will be taken on your application until this form is received.

## I. TO BE COMPLETED BY THE 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Student's Name (please print) \_\_\_\_\_

## II. TO BE COMPLETED BY THE PERSON RECOMMENDING THE 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)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_