

Christian Character Recommendation

Student Information

First Name	Last Name	Middle Initial
Mailing Address	City	State/Province Zip/Postal Code

To Applicant:

Please print your name on the line above and give this form to an adult (who is not related to you) who can comment on your character. A suitable person could be your pastor, youth worker, Sunday school teacher, employer, teacher, etc.

To Referring Individual:

This recommendation will be used solely for evaluation of the applicant for admission and, therefore, will be destroyed and not become part of permanent records. Since all admission records are held in strict confidence, we would appreciate your open and forthright comments as you answer each question. When you complete this form, return it directly to the Office of Admission. Please do not return it to the applicant. Thank you!

Questions

How long and how well have you been acquainted with the applicant? _____

In relation to other college-bound students that you have known, mentored or counseled, how do you compare this student in the following areas:

	One of the top few encountered	Excellent (top 10%)	Very good/well above average	Good/above average	Average	Below average	No basis for evaluation
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-curricular involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Global perspective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Is this student's lifestyle free of tobacco, alcohol and habit-forming drugs? Yes No

Please describe this applicant's understanding of, and/or commitment to, the Christian faith:

Does he/she regularly attend church? Yes No Youth fellowship? Yes No

Describe other faith-based activities: _____

What factors in the applicant's home life would either help or hinder his/her life at Houghton College?

Any additional recommendations or comments that you wish to make will be most helpful: personal habits, outstanding accomplishments, unfortunate problems, etc.

Your recommendation of this applicant for admission to Houghton College:

Highly Recommended Recommended Recommended with Reservations Not Recommended

Reference Information

Reference Name _____

Mailing Address _____

City _____

State/Province _____

Zip/Postal Code _____

Phone _____

Signature _____

Date _____

Please send completed form to:

Office of Admission
Houghton College
P.O. Box 128
Houghton, NY 14744-0128

Fax: 585.567.9522
Email: admission@houghton.edu