

Spiritual and Personal Reference Form

Applicant's Last Name:			Middle Initial:	
Mailing Address:				
City:	State:	ZIP Cod	de:	
mail Address: Phone Number:				
How would you describe your spi	ritual beliefs?			
Is your family supportive of your	spiritual beliefs? Yes	No	Please explain:	
Is your family supportive of your Please explain:	intention to attend a Christia	n Universi	ity? Yes No	
Are you engaged in a local church		Yes	No	
Please list the name and address been engaged the most. Name:		hip in whi	ch you have recently	
Address:		710.0		
City:	State:	ZIP C	ode:	
What does spiritual growth mean	to you?			

Are you open to personal spiritual gro	owth and developme	nt in Jesus Christ?	Yes	No	
What goal(s) do you have for your per University?	2				
I, must have an immediate impact on h campus.	hereby under ow he/she behaves in	rstand that what a pent of life,	erson bel either o	lieves n or off	
Signature:	Date:				
Please list a person whom we may condevelopment, moral character and so member and must hold a spiritual lea	cial development. Th	is person must be a			
First Name:	Last Name:				
First Name:Address:					
City:	State:	Zip:			
Home Phone:					
Email.					
Spiritual Leadership Role:					
Church/Place of Worship/Other:	·				