



REFERENCEform

NAME OF APPLICANT _____

The applicant desires to be a student at ARISE and wishes to use you as a reference. ARISE accepts students who have a commitment to Christian excellence and service and who will support the principles and practices of ARISE. This referral will be kept strictly confidential. We appreciate your time in providing us with your honest appraisal of this applicant.

1. How long have you known the applicant? _____ (years)

2. What is your relationship to the applicant? _____

3. What, in your estimation, are the applicants strengths? _____

4. In what areas might the applicant need to experience growth? _____

5. On the following scale, with 1 being the weakest and 10 being the strongest, please circle your personal appraisal of the applicant.

spirituality	1	2	3	4	5	6	7	8	9	10
intellect	1	2	3	4	5	6	7	8	9	10
judgment	1	2	3	4	5	6	7	8	9	10
attitude	1	2	3	4	5	6	7	8	9	10
relationship to church	1	2	3	4	5	6	7	8	9	10
lifestyle	1	2	3	4	5	6	7	8	9	10
personal discipline	1	2	3	4	5	6	7	8	9	10

6. If there is additional information you feel ARISE should know, please explain on back of page.

- I recommend this applicant.
- I recommend this applicant with reservation.
- I do not recommend this applicant.

YOUR NAME _____ POSITION _____

PHONE _____ EMAIL _____

Please submit this form by one of the following:
 Mail: **ARISE, PO Box 5529, Sonora, CA 95370**
 Fax: **209.532.1804**
 Email: **info@ariseinstitute.com**

If you have any questions, please call 209.206.0915.