



Pacific West Christian Academy

1575 A Mantelli Drive, Gilroy, CA 95020
 (408) 847-7922 fax (408) 847-3003

ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL MEMBER

PASTOR RECOMMENDATION

Confidential pastoral recommendation to be completed by a PASTOR, Youth Pastor, Coach or other well acquainted adult. Please mail the completed form directly to the school.

Student name: _____ Applying for grade level: _____

The person named above is applying for admission to Pacific West Christian Academy. Your willingness in completing this recommendation form is greatly appreciated. We would welcome any comments or insights you have regarding his/her character and spiritual life. All information will be held in strict confidence.

Circle the number that most accurately indicates his/her rating.

	Unacceptable								Superior	
1. INTEGRITY	1	2	3	4	5	6	7	8	9	10
2. STRENGTH OF CHARACTER	1	2	3	4	5	6	7	8	9	10
3. CONSIDERATION OF OTHERS	1	2	3	4	5	6	7	8	9	10
4. PERSONALITY	1	2	3	4	5	6	7	8	9	10
5. COOPERATIVENESS	1	2	3	4	5	6	7	8	9	10
6. INDUSTRIOUSNESS	1	2	3	4	5	6	7	8	9	10
7. FRIENDSHIPS DEVELOPED	1	2	3	4	5	6	7	8	9	10
8. PERSONAL SPIRITUAL GROWTH	1	2	3	4	5	6	7	8	9	10

9. To your knowledge, does he/she have any objectionable habits? _____ If so, please explain: _____

10. How long have you known the applicant? _____ In what capacity? _____

11. Do you recommend applicant as a desirable student in a Christian school?

Circle one: Not at all With reservation Mildly Strongly Enthusiastically

12. Add any personal observations or comments on the back.

Pastor's name: _____

Church: _____

SIGNATURE: _____ Date _____