



APPLICATION FOR ADMISSION CHECKLIST

The following forms must be completed and returned to the college in order to complete your application for admission:

- Application Fee (\$50)
- Statement of Intent
- Declaration of Guarantor for Proof of Identity
- Application Form
- Character Reference #1 – Pastor
- Character Reference #2 – Teacher, Employer or School Counsellor
- Character Reference #3 – Christian Friend (Over 21)
- Transcripts - Please have your school(s) send them to us

Please address all correspondence concerning your Application for Admission to:

Summit Pacific College
Admissions
PO Box 1700
Abbotsford, BC V2S 7E7



**SUMMIT
PACIFIC
COLLEGE**

D I S T A N C E E D U C A T I O N

Declaration of Guarantor for Proof of Identity

(Please print in black or blue ink)

The personal information of the applicant collected on this form is for the purpose of determining the applicant's eligibility for admission to Summit Pacific College's Distance Education Program. It is collected in accordance with Summit Pacific College's Personal Information Privacy Commitment and Policy and is used only for the purpose of confirming the applicant's identity.

Applicant's Information (must be completed in the presence of the guarantor)

Surname: _____ Name(s): _____

Street No. and Name: _____ Apt. #: _____

City: _____ Prov: _____ Postal Code: _____

Date of Birth (mm/dd/yyyy) ____/____/____

I certify that I am the individual named above and that my date of birth and residential address are as stated above, and the signature below is my signature. I consent to Summit Pacific College collecting the information about me set out under the Applicant's section from my guarantor and such other personal information about me from my guarantor to verify my eligibility for enrolment.

Applicant's Signature _____

Declaration of Guarantor (must be completed)

The personal information of the guarantor is collected to assist in verifying the applicant's eligibility for admission to Summit Pacific College's Distance Education Program. It is collected in accordance with Summit Pacific College's Personal Information Privacy Commitment and Policy and is used only for the purpose of confirming the applicant's identity.

Surname: _____ Name(s): _____

Choose from list on the back of this form

Occupation: _____ Organization: _____

Business Telephone: _____ Home Telephone: _____

Street No. and Name: _____ Apt. #: _____

City: _____ Prov: _____ Postal Code: _____

Knowledge of Applicant (Number of Years): _____

I solemnly declare that I am a Canadian citizen, that the applicant filled out this form in my presence, that all the statements made by the applicant and by me on this form are true and that the above signature is a true representation of the applicant's signature. I have known the applicant personally for at least TWO years. I am qualified to witness this application as I am actively employed or licensed in one of the listed occupations or offices.

Guarantor's Signature: _____

Date: _____ Signed at (City/Province): _____

Choosing an eligible Guarantor

Your guarantor must:

1. Be a Canadian citizen residing in Canada
2. Have known you personally for at least two years
3. Be actively employed or engaged in Canada in one of the following qualifying occupations or offices:
 - i. Dentist, medical doctor or chiropractor
 - ii. Judge, justice of the peace or a police officer serving in the Royal Canadian Mounted Police or a provincial or municipal police force
 - iii. Lawyer
 - iv. Mayor, reeve or other chief elected official of a municipality
 - v. Minister or religion authorized under the laws of your province to perform marriages or authorized to do so under the laws of another province or territory in Canada
 - vi. Notary public
 - vii. Optometrist
 - viii. Pharmacist
 - ix. Postmaster
 - x. Principal of or teacher at a primary or secondary school
 - xi. Professional accountant
 - xii. Professional engineer
 - xiii. Senior administrator of or teacher at a university or community college
 - xiv. Veterinarian
 - xv. Chief of a band, as defined in the *Indian Act* (Canada), or a membership clerk of such a band
 - xvi. Member of Parliament
 - xvii. Member of the Legislative Assembly or of the legislative assembly or provincial parliament or another province or territory of Canada
 - xviii. Federal penitentiary warden or full time penitentiary chaplain

If you have any questions about the collection of your personal information, or your privacy, please contact Summit Pacific College's Privacy Officer, Melody Deeley, at (604) 851-7225 or at 1-800-976-8388 (mdeeley@summitpacific.ca). Summit Pacific College's Personal Information Privacy Commitment and Policy is accessible at www.summitpacific.ca or by request from the Privacy Officer.

WARNING to all applicants and guarantors – Any false statement, misrepresentation or concealment of any material fact on this form or any document presented in support of this application may be grounds for denial of acceptance.

Please address all correspondence concerning your Application for Admission to:

Summit Pacific College
Admissions
PO Box 1700
Abbotsford, BC V2S 7E7



DISTANCE EDUCATION

STATEMENT OF INTENT

I wish to enroll in:

- The Bachelor of Theology Degree program (B.Th.) with a major in Pastoral Ministries.
- The Pastoral Ministries Diploma Program (3-year Diploma).
- The Leadership Certificate Program (2-year Certificate).
- The Youth Ministry ROMER Certificate Program (1.5-year Certificate).
- The Youth Ministry Certificate Program (1-year Certificate).
- The Child and Family Ministry Certificate Program (1-year Certificate).
- The ROMER Certificate Program (Recognition of Ministry Education Requirements (1-year Certificate)).

Or:

- I am accumulating credits in preparation for attending Summit Pacific College as an on-campus student.
- I am enrolled as a Campus Missionary in Training with University Christian Ministries.
- I intend to continue my studies with Summit Pacific College Distance Education as a casual student. (I will be taking individual courses, as I am able, without attempting to complete a particular program).

Name: _____

Address: _____

City: _____ Prov: _____ PC: _____

Telephone: _____ Email: _____

Date: _____

Signature: _____



PO Box 1700
Abbotsford, BC V2S 7E7
Phone: (604) 853-7491
FAX: (604) 853-8951

APPLICATION FOR ADMISSION

(\$50.00 Application Fee Required)
 This application is to be completed by the applicant

FOR OFFICE USE ONLY	
App. Rec.:	
Pd. App. Fee:	
Accepted:	
I.D. Number:	

PLEASE PRINT

Have you previously applied to Summit Pacific College? Yes _____ Date: _____ No: _____
 If accepted, you plan to attend: Fall 20 _____ Spring 20 _____

PERSONAL DATA

Last (Family) Name	First	Middle
Apt. #	Number / Street	
City	Prov / State	Postal Code
Ph (_____) _____ Home	Ph. (_____) _____ Work	
Email Address	Citizenship	
Birth Date: _____ Month / Day / Year	Male _____	Female _____

Place Photo
Here

MARITAL STATUS

Single _____ Married _____ *Widow(er) _____ *Separated _____ *Divorced _____ *Remarried _____
 * Please cover in Personal History

SOCIAL INSURANCE NUMBER _____

Social Insurance number is required by CRA for T2202 Tuition and Enrolment Certificate.

Students must submit Declaration of Guarantor for Proof of Identity form.

Students must also provide a photocopy of their Social Insurance Card or government correspondence which provides the Social Insurance Number (For example top part of CRA Notice of Assessment or print out from CRA web site showing SIN).

PROGRAM

Pastoral Ministries Degree (B.Th.) (4 year) _____ Pastoral Ministries Diploma (3 year) _____
 Leadership Certificate (2 year) _____ Youth Ministry ROMER Certificate _____
 Child and Family Ministry Certificate _____ Youth Ministry Certificate _____
 ROMER Certificate _____

Applicants for the Bachelor of Theology Degree (B.Th.) and Pastoral Ministries Diploma programs must be at least 25 years of age. (This restriction does NOT apply to students registering for ROMER Certificate, Child and Family Leadership Certificate, Youth Leadership Certificate, Youth Leadership ROMER Certificate and Leadership Certificate programs.)

EMERGENCY CONTACT

Name _____ Relationship to you _____
 _____ (_____) _____
 Number/Street City Prov / State Postal Code Phone Number

For SINGLE Applicant

 Father's Name Mother's Name
 Address: Same as home address above _____
 Other _____
 Number/Street

 City Prov / State Postal Code

 Father's occupation Mother's occupation
 Are your parents Christians? Yes _____ No _____
 Do your parents support your plans to enroll at Summit?
 Yes _____ No _____

For MARRIED Applicant

 Name of Spouse Age
 Spouse's marital status:
 *Widow(er) _____ *Divorced _____ *Remarried _____
***Please cover in personal history.**
 Children's names and ages

 Is your spouse a Christian? _____
 Does your spouse support your plans to enroll at Summit?
 Yes _____ No _____

HIGH SCHOOL ATTENDED

 Name Location Date Attended Date Graduated
 If you do not have a high school diploma, have you written an equivalency exam (G.E.D.)? _____

POST SECONDARY INSTITUTION(S) ATTENDED

 Name Location Date Attended Date Graduated

 Name Location Date Attended Date Graduated
 Have you ever been refused admission or dismissed from an educational institution? _____
 If yes, please explain: _____

***ALL TRANSCRIPTS ARE TO BE SENT DIRECTLY TO SUMMIT PACIFIC COLLEGE Attention: Registrar**

INTERNATIONAL STUDENTS

Status in Canada: Landed Immigrant: _____ Student Visa: _____
 TOFL Score / Date _____ Primary Language _____

International students must provide photocopy of documentation of their status in Canada.

CHRISTIAN EXPERIENCE

Date you accepted Christ as your personal Saviour: _____

Have you served the Lord consistently in the last 12 months? _____

(If NO, please cover in personal history)

Have you been baptized in water? _____ *Spouse (*if applicable) _____

Have you received the baptism of the Holy Spirit according to Acts 2:4? _____ *Spouse (*if applicable) _____

Do you agree with the statement of faith found in our catalogue? _____

CHURCH INFORMATION

Home Church: _____ Phone Number (_____) _____

Church Address: _____
Number / Street City Prov / State Postal Code

Pastor's Name: _____ Denomination / Affiliation _____

FINANCES

From reading the catalogue, you will note the cost of the **tuition and books**.

Excluding any monies you anticipate by loan or bursary, how much money do you now have towards this expense?

\$ _____

How do you plan to finance the remaining amount?

Student loan _____ Payment Option _____ Work _____ Other _____

Do you have any outstanding debts? _____ If Yes, state amount \$ _____

Will anyone be dependent upon financially you while you are in college? _____

REFERENCES

- **References are personal and confidential.**
- **Immediate relatives of applicant, faculty, staff and present students of Summit Pacific College are not eligible to complete reference forms.**

Pastor

Name _____ Position (i.e. Senior, Youth, etc.) _____

Address _____

Phone (_____) _____ Home (_____) _____ Work _____

Teacher / Employer

Name _____ Position _____

Address _____

Phone (_____) _____ Home (_____) _____ Work _____

Friend

Name _____ Occupation _____

Address _____

Phone (_____) _____ Home (_____) _____ Work _____

PERSONAL HISTORY

As a member of the community at Summit Pacific College and potentially a credential holder of the Pentecostal Assemblies of Canada (PAOC), students need to be willing to comply with lifestyle commitments belonging to the community, which involve abstention from alcohol, tobacco, non-medical drugs, occultic activity and separation from all suggestion of immoral or unethical behavior. As Summit Pacific College is the educational arm of the PAOC we affirm lifestyle values that are consistent with credentialing responsibilities.

Have you been involved with any of the above mentioned in either the past or present?

Alcohol: Yes _____ No _____ Past _____ Present _____ Substance Abuse: Yes _____ No _____ Past _____ Present _____

Tobacco: Yes _____ No _____ Past _____ Present _____ Sexual Immorality: Yes _____ No _____ Past _____ Present _____

Occult: Yes _____ No _____ Past _____ Present _____ Other (please specify): _____

Past _____ Present _____

Have you had any criminal offence including juvenile offences?

If Yes on any of the above, please comment:

Your response to the following question would enable Summit Pacific College to better understand you and thus be more effective in promoting your development as a whole being.

Have you been a victim of abuse (physical, emotional, sexual, *et al.*)? Yes _____ No _____ Past _____ Present _____

Comments:

Please comment briefly on the following (use an additional sheet if necessary):

1. Describe your general health. Have you been or are you currently under the care of a physical, psychologist, psychiatrist or counsellor?

No _____ Yes _____ (if Yes, please explain)

2. Home/Spiritual background. Describe your conversion experience and current relationship with Christ.

3. Describe the present regularity and the nature of your personal devotional life.

4. List the talents/abilities that you might use in a college ministry/outreach team.
5. Why do you want to attend Summit? How did you become interested in Bible College?
6. What are your personal goals and desires upon completion of your program of study?

All information given herein will be held in strict confidence in keeping with the provisions of the Freedom of Information Protection and Electronic Document Act (“PIPEDA”) and any other applicable legislation. A copy of our full privacy protection policy can be found on our website www.summitpacific.ca

STATEMENT OF INTENT

I hereby make application for admission to Summit Pacific College and enclose the \$50.00 application fee.
I understand that this fee is not refundable.

As an applicant to Summit Pacific College, I consent to the use of reference letters and reference checks in evaluating my application. Furthermore, I agree to respect the confidentiality of any reference letter so obtained.

I also agree to submit to all of the policies and regulations of the College if I am accepted.

I recognize that acceptance to Summit does not guarantee placement or reception of ministerial credentials after graduation.

I certify that, to the best of my knowledge, all information in this application is true and complete.

Signature _____ Date _____

Please address all correspondence concerning your Application for Admission to:

Summit Pacific College
Admissions
PO Box 1700
Abbotsford, BC V2S 7E7



CHARACTER REFERENCE FORM #1: PASTOR

All references are PERSONAL AND CONFIDENTIAL

Immediate relatives of applicant, instructors and present students of Summit Pacific College are not eligible to complete reference forms.

To be Completed by the Applicant - before giving form to referee

Name: _____

Waiver Statement: I willingly waive any right to have access to this confidential reference with the understanding that it will not be released to anyone other than to the Admissions Committee. I understand that signing this waiver is not required as a condition for admissions.

Date: _____ Signature: _____

The above named individual is applying for admission to Summit Pacific College Distance Education. As it is important that the selection of students be made with the utmost care, serious consideration will be given to your comments. Please complete this form as carefully and frankly as possible. (We would encourage a personal interview with the applicant prior to your completion of this form).

1. How long have you known the applicant? _____
2. How well do you know the applicant? ____ very well ____ well ____ casually
3. Have you met with the applicant to discuss his/her intention to attend Bible College? ____ If not, please explain.

4. State briefly to what extent the applicant is engaged in the activities of the church. With what success?.

5. List the special strengths, abilities (i.e., spiritual gifts) the applicant has.

6. Is the applicant in agreement with the PAOC statement of faith that appears in the current catalogue? If not, please explain.

7. If the applicant is married, please comment on marriage relationship and/or family life.

8. As a member of the community at Summit Pacific College and potentially a credential holder of the Pentecostal Assemblies of Canada (PAOC), students need to be willing to comply with lifestyle commitments belonging to the community, which involve abstention from alcohol, tobacco, non-medical drugs, occultic activity and separation from all suggestion of immoral or unethical behaviour. As Summit Pacific College is the educational arm of the PAOC we affirm lifestyle values that are consistent with credentialing responsibilities.

To your knowledge has the applicant been involved with any of the following in either the past or present?

Alcohol: Yes ___ No ___ Past ___ Present ___	Substance Abuse: Yes ___ No ___ Past ___ Present ___
Tobacco: Yes ___ No ___ Past ___ Present ___	Sexual Immorality: Yes ___ No ___ Past ___ Present ___
Occult: Yes ___ No ___ Past ___ Present ___	Other (please specify): _____ Past ___ Present ___

If yes on any of the above, please comment:

9. To your knowledge, has the applicant been a victim of abuse (physical, sexual, emotional, *et al*)?

10. Please check the answer that best describes the applicant:

ABILITY TO RELATE TO OTHERS

- excellent
- good
- marginal
- hostile
- no opportunity to observe

DESIRE TO LEARN

- strong determination
- positive attitude
- needs encouragement
- shows little interest
- no opportunity to observe

LEADERSHIP

- excellent initiative
- good organizer
- leads when asked
- makes little effort to lead
- no opportunity to observe

RESPONSIBILITY

- conscientious
- usually dependable
- somewhat dependable
- unreliable
- no opportunity to observe

CO-OPERATION

- works well with others
- usually co-operative
- avoids group activities
- causes friction
- no opportunity to observe

DISPOSITION

- outgoing
- well balanced
- tendency to withdraw
- moody
- no opportunity to observe

RESPECT FOR AUTHORITY

- respects those in authority
- generally respectful
- critical of authority
- disrespectful
- no opportunity to observe

CONSTRUCTIVE CRITICISM

- open to accept
- willing to accept
- marginal acceptance
- not accepted
- no opportunity to observe

ACCEPTANCE BY PEERS

- well liked
- well accepted
- tolerated
- not accepted
- no opportunity to observe

CHOICE OF ASSOCIATES

- very discerning
- somewhat discerning
- questionable discernment
- careless choices
- no opportunity to observe

EMOTIONAL STABILITY

- consistently stable
- usually well adjusted
- sometimes unstable
- unbalanced & unstable
- no opportunity to observe

ENERGY AND INITIATIVE

- seeks additional tasks
- does more than expected
- does assigned tasks
- needs prodding
- no opportunity to observe

ADHERES TO CHURCH/WORK POLICIES

- always
- most often
- sometimes
- rarely
- no opportunity to observe

SPIRITUAL MOTIVATION INTEGRITY

- high moral & spiritual values
- consistent moral standards
- inconsistent attitudes & practices
- not aware of spiritual beliefs
- no opportunity to observe

INDICATION OF CALL TO MINISTRY

- high dedication
- average dedication
- not apparent
- questionable
- no opportunity to observe

FAITHFULNESS TO LOCAL CHURCH

- superior
- average
- inconsistent
- poor
- no opportunity to observe

ANTICIPATED ACHIEVEMENT IN COLLEGE

- will excel
- better than average
- marginal
- may experience failure
- no opportunity to observe

ABILITY TO HANDLE FINANCES

- excellent manager
- responsible manager
- needs direction
- irresponsible
- no opportunity to observe

11. Do you recommend this applicant for admission to Summit Pacific College?

With enthusiasm With some confidence With reservation I do not recommend admission

12. Additional comments you may have regarding the applicant:

Please print information about yourself below.

Name: _____ Position: _____

Address: _____

City: _____ PC _____

Telephone: (_____) _____ Email: _____

Signature: _____ Date: _____

Do not return to applicant. Mail to:
Summit Pacific College Admissions
 Box 1700, Abbotsford, BC V2S 7E7
 (604) 853-7491



CHARACTER REFERENCE FORM #2: EMPLOYER OR TEACHER

All references are **PERSONAL AND CONFIDENTIAL**

Immediate relatives of applicant, instructors and present students of Summit Pacific College are not eligible to complete reference forms.

To be Completed by the Applicant - before giving form to referee

Name: _____

Waiver Statement: I willingly waive any right to have access to this confidential reference with the understanding that it will not be released to anyone other than to the Admissions Committee. I understand that signing this waiver is not required as a condition for admissions.

Date: _____ Signature: _____

The above named individual is applying for admission to Summit Pacific College. As it is important that the selection of students be made with the utmost care, serious consideration will be given to your comments. Please complete this form as carefully and frankly as possible.

1. How long have you known the applicant? _____

2. How well do you know the applicant? ___ very well ___ well ___ casually

3. What activities are the applicant involved in at school/work/community?

4. Have you observed the applicant to have any physical weakness or emotional stress during involvement in an intensive academic and/or work environment? ___ Yes ___ No. If yes, describe.

5. What particular strengths (talents, special abilities) does the applicant display?

What weaknesses? _____

6. How does the applicant respond to authority? _____

7. Please check the answer that best describes the applicant:

ABILITY TO RELATE TO OTHERS

- excellent
- good
- marginal
- hostile
- no opportunity to observe

DESIRE TO LEARN

- strong determination
- positive attitude
- needs encouragement
- shows little interest
- no opportunity to observe

LEADERSHIP

- excellent initiative
- good organizer
- leads when asked
- makes little effort to lead
- no opportunity to observe

RESPONSIBILITY

- conscientious
- usually dependable
- somewhat dependable
- unreliable
- no opportunity to observe

CO-OPERATION

- works well with others
- usually co-operative
- avoids group activities
- causes friction
- no opportunity to observe

DISPOSITION

- outgoing
- well balanced
- tendency to withdraw
- moody
- no opportunity to observe

RESPECT FOR AUTHORITY

- respects those in authority
- generally respectful
- critical of authority
- disrespectful
- no opportunity to observe

CONSTRUCTIVE CRITICISM

- open to accept
- willing to accept
- marginal acceptance
- not accepted
- no opportunity to observe

ACCEPTANCE BY PEERS

- well liked
- well accepted
- tolerated
- not accepted
- no opportunity to observe

CHOICE OF ASSOCIATES

- very discerning
- somewhat discerning
- questionable discernment
- careless choices
- no opportunity to observe

EMOTIONAL STABILITY

- consistently stable
- usually well adjusted
- sometimes unstable
- unbalanced & unstable
- no opportunity to observe

ENERGY AND INITIATIVE

- seeks additional tasks
- does more than expected
- does assigned tasks
- needs prodding
- no opportunity to observe

ADHERES TO WORK/SCHOOL POLICIES

- always
- most often
- sometimes
- rarely
- no opportunity to observe

INTEGRITY

- above reproach
- consistently honest
- sense of judgement wavers
- dishonest
- no opportunity to observe

COMPETENCY

- excels
- takes pride in work
- completes tasks
- incompetent
- no opportunity to observe

LEARNING POTENTIAL

- initiates new learning experiences
- learns quickly
- learns with effort
- difficulty in grasping new concepts
- no opportunity to observe

ANTICIPATED ACHIEVEMENT IN COLLEGE

- will excel
- better than average
- marginal
- may experience failure
- no opportunity to observe

ABILITY TO HANDLE FINANCES

- excellent manager
- responsible manager
- needs direction
- irresponsible
- no opportunity to observe

8. Do you recommend this applicant for admission to Summit Pacific College?

With enthusiasm With some confidence With reservation I do not recommend admission

9. Additional comments you may have regarding the applicant:

Please print information about yourself below.

Name: _____ Position: _____

Address: _____

City: _____ PC _____

Telephone: (_____) _____ Email: _____

Signature: _____ Date: _____

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 (604) 853-7491



**SUMMIT
PACIFIC
COLLEGE**

D I S T A N C E E D U C A T I O N

CHARACTER REFERENCE FORM #3: CHRISTIAN FRIEND - OVER 21

All references are PERSONAL AND CONFIDENTIAL

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To be Completed by the Applicant - before giving form to referee

Name: _____

Waiver Statement: I willingly waive any right to have access to this confidential reference with the understanding that it will not be released to anyone other than to the Admissions Committee. I understand that signing this waiver is not required as a condition for admissions.

Date: _____ Signature: _____

The above named individual is applying for admission to Summit Pacific College. As it is important that the selection of students be made with the utmost care, serious consideration will be given to your comments. Please complete this form as carefully and frankly as possible.

- How long have you known the applicant? _____
- How well do you know the applicant? ___ very well ___ well ___ casually
- State briefly to what extent the applicant is engaged in the activities of the church. With what success?

- List the special strengths, abilities (i.e., spiritual gifts) the applicant has.

What weaknesses? _____

- If the applicant is married, please comment on marriage relationship and/or family life.

- As a member of the community of Summit Pacific College students need to be willing to comply with lifestyle commitments belonging to the community, which involve abstention from alcohol, tobacco, non-medical drugs, involvement in the occult and separation from all suggestion of immoral or unethical behaviour.

To your knowledge has the applicant been involved with any of the following in either the past or present?

Alcohol: Yes ___ No ___ Past ___ Present ___	Substance Abuse: Yes ___ No ___ Past ___ Present ___
Tobacco: Yes ___ No ___ Past ___ Present ___	Homosexuality: Yes ___ No ___ Past ___ Present ___
Occult: Yes ___ No ___ Past ___ Present ___	Sexual Offender: Yes ___ No ___ Past ___ Present ___

Other (please specify): _____ Past ___ Present ___

If yes on any of the above, please comment:

- To your knowledge, has the applicant been a victim of abuse (physical, sexual, emotional, *et al.*)?

- Please check the answer that best describes the applicant:

ABILITY TO RELATE TO OTHERS

- ___ excellent
- ___ good
- ___ marginal
- ___ hostile
- ___ no opportunity to observe

DESIRE TO LEARN

- ___ strong determination
- ___ positive attitude
- ___ needs encouragement
- ___ shows little interest
- ___ no opportunity to observe

LEADERSHIP

- ___ excellent initiative
- ___ good organizer
- ___ leads when asked
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RESPONSIBILITY

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CO-OPERATION

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DISPOSITION

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10. Additional comments you may have regarding the applicant:

Please print information about yourself below.

Name: _____

Address: _____

City: _____ PC _____

Telephone: (_____) _____ Email: _____

Signature: _____ Date: _____

Do not return to applicant. Mail to:
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