



## STUDENT REFERENCE FORM

Date: \_\_\_\_\_

### Applicant's Name (Print on the line above)

The person named above desires to be a student at **AFCOE Africa**, and has given your name as a reference. AFCOE Africa is part of the Christian ministry of Amazing Facts International. AFCOE accepts students who have a commitment to Christian service and who will support the principles and practices of the Evangelism Center.

This referral will be kept strictly confidential. Thank you for your time in providing us with your honest appraisal of this applicant. We may also be contacting you by phone or email for additional information or clarification. Please be sure to fill out page number two. You may use an additional page, in answering any of the following questions, or sharing your concerns or comments relating to the applicant's acceptance into AFCOE Africa.

1. How long have you known the applicant? \_\_\_\_\_ (years)
2. What has been your relationship to the applicant? ☐ Teacher ☐ Pastor ☐ Work supervisor  
☐ Acquaintance ☐ Other (please specify) \_\_\_\_\_
3. What, in your estimation, are the applicant's greatest strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. In what areas of Christian living and commitment might the applicant need to experiencing growth?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you have any information about the applicant's life or background which you believe might be of particular concern to AFCOE? If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How does the applicant interact (get along) with other people? \_\_\_\_\_  
\_\_\_\_\_

Please continue this evaluation on the next page ➡

Date: \_\_\_\_\_

**Applicant's Name** (Print on the line above)

7. Please mark the boxes which best describe the applicant for each category of evaluation. (Note: 1 indicates the applicant is most like the characteristics on the left side, and 5 the characteristics on the right side, Numbers 2, 3, and 4 show moderate association with either side.) If you feel that you don't know the applicant well enough for a fair evaluation on any specific item, you may mark the box at the far right, "Insufficient Information."

Characteristic:	LOWEST		HIGHEST		Insufficient Info	
	↓ 1	2	3	4		↓ 5
A. <b>SPIRITUALITY:</b> immature, shaky, stagnating, strong, stable, growing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. <b>INTELLECT:</b> slow, unmotivated, self-satisfied, learning, vigorous, creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. <b>JUDGMENT:</b> rash, impulsive, headstrong, sound, careful, teachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. <b>SERVICE ATTITUDE:</b> indifferent, self-centered, needs directing, compassionate, unselfish, takes initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. <b>INDUSTRIOUSNESS:</b> lazy, incomplete, needs constant supervision, diligent, thorough, follows through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. <b>RELATIONSHIP TO HIS/HER CHURCH:</b> critical, divisive, distant, supportive, deeply committed, loyal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. <b>HEALTHFUL LIFESTYLE:</b> uninformed, sickly, careless, seems healthy, seems informed, conscientious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. <b>SOCIABILITY:</b> shy, introverted, unsocial, secure, friendly, outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Considering the applicant for acceptance as a student at Amazing Facts Center of Evangelism in Africa:

- ☐ I recommend without reservation      ☐ I recommend with some reservation
- ☐ I do not recommend under the present circumstances      ☐ I do not recommend under any circumstances

YOUR NAME \_\_\_\_\_  
(Please Print)

POSITION \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MAIL TO: \_\_\_\_\_ Your Signature \_\_\_\_\_

Amazing Facts Africa  
c/o Nairobi South SDA Church  
Muhoho Avenue, South C, Nairobi County, Kenya.  
Postal Address: 26176-00504, Mchumi Road, Nairobi, Kenya

OR SCAN AND EMAIL TO: [afcoeafrica@gmail.com](mailto:afcoeafrica@gmail.com)

If you have additional concerns regarding this applicant that you would like to discuss with AFCE Africa, kindly call: +254.720.065.408 or email: [afcoeafrica@gmail.com](mailto:afcoeafrica@gmail.com)