

# HIGHER GROUND

GAP YEAR

## CONFIDENTIAL REFERENCE

Reference form for:

- ☐ Church Pastor or Leader
- ☐ Employer or Teacher
- ☐ Mature Christian Friend

### STUDENT'S DETAILS:

Applicant's Name			
Current Address			
City, State, Zip Code			
Phone number		Email	
Semester applying for			

### HIGHER GROUND GAP YEAR

Higher Ground Gap Year ([www.highergroundgapyear.com](http://www.highergroundgapyear.com)) is a Christian program for students ages 18-20, and exists to equip students to discover their purpose, own their faith, and build their life's foundation on Christ.

The above-named applicant has applied for admission to Higher Ground Gap Year and has listed you as a reference. Your assistance in supplying any significant information will be greatly appreciated.

Please return this form to Higher Ground Gap Year directly-do **NOT** send it via the applicant. We will need to receive it before we can process their application. Thank you.

Return instructions:

Scan and email completed form to [hggaprogram@gmail.com](mailto:hggaprogram@gmail.com)

REFERENCE'S DETAILS			
Your Name			
Phone number		Email	
Current Address			
City, State, Zip Code			
Preferred Method of Communication	<input type="checkbox"/> Phone <input type="checkbox"/> Email	How long have you known the applicant?	
What is your relationship to him/her?			
Do you feel you know this applicant well enough to complete this reference?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Please evaluate the applicant's qualification by checking the appropriate box					
	Superior	Above Average	Average	Below Average	Not Observed
Concern for others					
Emotional stability and maturity					
Ability to make good judgments					
Leadership ability					
Willingness to receive instruction					
Personal integrity					
Works well with others					
Willingness to serve					

Do you believe the applicant knows Christ as Savior?

- ☐ Yes
- ☐ No
- ☐ I don't know

Do you believe the applicant is living a consistent Christian life?

- ☐ Yes
- ☐ No
- ☐ I don't know

### OVERALL RECOMMENDATION

Based on your knowledge of the applicant, indicate your level of recommendation:

- ☐ Highly recommend
- ☐ Recommend
- ☐ Recommend with reservations
- ☐ Do not recommend

Please explain:

### OTHER

Have we overlooked anything which you consider relevant to this application?

Signature

Date