

Lighthouse Baptist College

Dr. Robbie Burton, Pastor

2918 Hwy 72 East ~ Abbeville, SC ~ 29620
864-229-3377

General Recommendation Form

➤ *Please complete the first section of this recommendation. Then give it to an adult who is not related to you and who has personal knowledge of your character. No action can be taken to process your application until this form has been received.*

➤ Section 1: (To be completed by the prospective student)

I am authorizing the release of the information requested in Section 2 of this form in order that it may be considered in my application to Lighthouse Baptist College. I understand that the information will be held in confidence by the LBC and will not be released to me or anyone else. I understand that person giving the recommendation must mail this questionnaire to Lighthouse Baptist College.

Signature of prospective student

Date

Student's name (please print)

Mailing address

City

State

Zip code

Home phone (including area code)

Work phone

Cell phone

➤ Section 2: (to be completed by the person recommending the student)

As we seek to make an intelligent selection of students, and also to help us learn something about our prospective students' needs before they come to us, we would like to ask your help. Please complete the requested information, being assured that this information will be held strictly confidential by the College and will not be made available to the candidate. Please answer all questions frankly and send it to the address at the end of this form.

1. What relationship do you have with the prospective student listed in section 1 of this form?

2. Do you know of any reason why this person would not be suitable to attend Lighthouse Baptist College?
Yes ____ No ____ If yes, please state why _____

3. Has this person accepted Jesus Christ as personal Savior? Yes ____ No ____

4. Is this person trustworthy? Yes _____ No _____

5. List any outstanding traits or extremes such as shyness, laziness, boldness, etc. _____

6. Would you want your children in close association with this person? Yes _____ No _____

Please attach any additional information that you deem necessary to share.

Until we hear from you, the application of the prospective student will not be processed. Your timely response is appreciated.

Name of person filling out the form

Name of church

Mailing address

City

State

Zip

Phone number (include area code)

Signature of person filling out this form

Date

Please mail the completed recommendation form to:

***Lighthouse Baptist College
2918 Hwy 72 East
Abbeville, SC 29620
Attn: Amy McNeese***

Or email to: lighthousebaptistcollege@gmail.com