

COLLEGE OF THE SCRIPTURES  
LOUISVILLE, KENTUCKY

REFERENCE RATING FORM

In Re:

The above named person has made application for admission to College of the Scriptures. One of the considerations of admission is a personal rating from several responsible persons, who have been in position to know the applicant.

Since this rating is essential to his admission, we would appreciate your careful evaluation of each item of information requested on this form. Please mail at your earliest convenience to: Admissions Office, College of the Scriptures, Box 18027, Louisville, Kentucky. 40218.

	Excellent	Good	Average	Poor	Unknown
Initiative					
Industry					
Willingness to do his best					
Reputation					
Dependability					
Church Activities					
Kind of Associates					
Cooperativeness					
Ability to live with others					
Emotional Maturity					
Home Background					
Citizenship					

Date \_\_\_\_\_

Signed \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

R-103 f

City \_\_\_\_\_

State \_\_\_\_\_

Zone \_\_\_\_\_