

HEALTH

NEWSTART® Global Student Reference Form

Applicant's Name (please print) _____

I waive do not waive the right to read this reference.

Signature _____

The person named above desires to be a student in the HEALTH program through NEWSTART® Global and has given your name as a reference. We accept students who have a commitment to Seventh-day Adventist Christian service, who will support the principles and practices of the school, and who give evidence of post-secondary academic ability. Thank you for your time in providing us with your honest appraisal of this applicant.

1. How long have you known the applicant? _____ (years). What has been your role?
 teacher pastor work supervisor acquaintance other
2. What are the applicant's greatest strengths? _____

3. In what ways might the applicant need to experience positive growth? _____

4. Do you have any information about the applicant's life or background which you believe might be of particular concern? If so, please explain: _____

5. If you would be willing for us to contact you further about the applicant, please provide a telephone number where you may be reached during normal business hours: _____

6. Additional comments (optional): _____
7. Please circle the number below 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 2-4 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."

		1	2	3	4	5	Insufficient Information
A. Spirituality	immature, shaky, stagnating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Intellect	slow, unmotivated, self-satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Judgment	rash, impulsive, headstrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Service Attitude	indifferent, self-centered, needs directing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Industriousness	lazy, needs constant supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Relationship to church	critical, divisive, distant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Healthful Lifestyle	uninformed, careless, seems sickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Sociability	shy, introverted, unsocial	<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:

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

Your name & Title: _____ Date: _____

Telephone: _____ Address: _____

Email: _____

PLEASE RETURN TO HEALTH TODAY!
HEALTH Admissions ~ PO Box 486, Weimar, CA 95736 ~ Fax: 530.422.7908