



## Pastor Reference

### TO THE APPLICANT:

This reference form should be completed by your pastor and mailed directly to the James River Leadership College (JRLC). References should not be completed by a family member. Please complete the following information and forward this form to your pastor.

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

I willingly waive the right of access to confidential statements made on this reference form knowing that this waiver is not required as a condition for admission.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### TO THE PASTOR:

The person named above has applied for admission to **JRLC**. In order to learn more about the applicant, your comments will be greatly appreciated.

- How long have you known the applicant? \_\_\_\_\_
- Do you know the applicant  Well  Fairly Well  Casually  Name or sight?
- Please check the following areas which represent your opinion of the applicant's behavior and attitudes.

	Excellent	Good	Average	Poor	Very Poor	Unknown
Mental Ability						
Initiative						
Persistence						
Financial Integrity						
Group Cooperation						
Potential Leadership						
Flexibility						
Accepts Instruction						
Christian Character						
Emotional Disposition						
Personal Habits						
Dress						
Personal Grooming						
Speech Patterns						
Health						



4. If known, comment briefly on the family and social background of the applicant.

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5. Please comment on the applicant's church involvement.

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6. Would you recommend the applicant's admission to **JRLC**?

Yes     With Resesvation     No

7. Do you additional information you would like to convey by telephone?

Yes     No

If "yes," please indicate a telephone number (       ) \_\_\_\_\_

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Sate \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

When completed, please return this form to:

**JAMES RIVER LEADERSHIP COLLEGE**

6100 NORTH 19TH STREET  
OZARK, MISSOURI 65721  
TEL. (417) 581-5433  
FAX. (417) 582-0167



## Educator Reference

### TO THE APPLICANT:

This reference form should be completed by an educator and mailed directly to the James River Leadership College (JRLC). References should not be completed by a family member. Please complete the following information and forward this form to an educator.

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

I willingly waive the right of access to confidential statements made on this reference form knowing that this waiver is not required as a condition for admission.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### TO THE EDUCATOR:

The person named above has applied for admission to **JRLC**. As part of the application process, each applicant is asked to secure a reference from a former high school or college teacher or counselor. In order to learn more about the applicant, your comments will be greatly appreciated.

1. How long have you known the applicant? \_\_\_\_\_

2. Do you know the applicant  Well  Fairly Well  Casually  Name or sight?

3. Please check the following areas which represent your opinion of the applicant's behavior and attitudes.

	Excellent	Good	Average	Poor	Very Poor	Unknown
Mental Ability						
Initiative						
Persistence						
Financial Integrity						
Group Cooperation						
Potential Leadership						
Flexibility						
Accepts Instruction						
Christian Character						
Emotional Disposition						
Personal Habits						
Dress						
Personal Grooming						
Speech Patterns						
Health						





## Employer/Friend Reference

### TO THE APPLICANT:

This reference form should be completed by an employer/friend and mailed directly to the James River Leadership College (JRLC). References should not be completed by a family member. Please complete the following information and forward this form to an employer or a friend.

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

I willingly waive the right of access to confidential statements made on this reference form knowing that this waiver is not required as a condition for admission.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### TO THE EMPLOYER OR FRIEND:

The person named above has applied for admission to **JRLC**. As part of the application process, each applicant is asked to secure a reference from a former high school or college teacher or counselor. In order to learn more about the applicant, your comments will be greatly appreciated.

- How long have you known the applicant? \_\_\_\_\_
- Do you know the applicant  Well  Fairly Well  Casually  Name or sight?
- Please check the following areas which represent your opinion of the applicant's behavior and attitudes.

	Excellent	Good	Average	Poor	Very Poor	Unknown
Mental Ability						
Initiative						
Persistence						
Financial Integrity						
Group Cooperation						
Potential Leadership						
Flexibility						
Accepts Instruction						
Christian Character						
Emotional Disposition						
Personal Habits						
Dress						
Personal Grooming						
Speech Patterns						
Health						



4. If known, comment briefly on the family and social background of the applicant.

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5. Please comment on the adaptability and interpersonal relations of the applicant.

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6. Would you recommend the applicant's admission to **JRLC**?

Yes     With Resesvation     No

7. Do you additional information you would like to convey by telephone?

Yes     No

If "yes," please indicate a telephone number (       ) \_\_\_\_\_

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Sate \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

When completed, please return this form to:

**JAMES RIVER LEADERSHIP COLLEGE**

6100 NORTH 19TH STREET  
OZARK, MISSOURI 65721  
TEL. (417) 581-5433  
FAX. (417) 582-0167

# High School Transcript Request Form

\_\_\_\_\_  
Name of High School

Please mail an official copy of my transcript to:

## JAMES RIVER LEADERSHIP COLLEGE

6100 NORTH 19TH STREET

OZARK, MISSOURI 65721

TEL. (417) 581-5433

FAX. (417) 582-0167

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of student \_\_\_\_\_ Date \_\_\_\_\_



## JAMES RIVER LEADERSHIP COLLEGE



# College Transcript Request Form

\_\_\_\_\_  
Name of High School

Please mail an official copy of my transcript to:

## JAMES RIVER LEADERSHIP COLLEGE

6100 NORTH 19TH STREET

OZARK, MISSOURI 65721

TEL. (417) 581-5433

FAX. (417) 582-0167

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of student \_\_\_\_\_ Date \_\_\_\_\_



## JAMES RIVER LEADERSHIP COLLEGE



# Transcript Request Form

\_\_\_\_\_  
Name of High School

Please mail an official copy of my transcript to:

## JAMES RIVER LEADERSHIP COLLEGE

6100 NORTH 19TH STREET

OZARK, MISSOURI 65721

TEL. (417) 581-5433

FAX. (417) 582-0167

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of student \_\_\_\_\_ Date \_\_\_\_\_



## JAMES RIVER LEADERSHIP COLLEGE

