



**VISAYAN NAZARENE BIBLE COLLEGE**

*St. Mary's Drive, Apas, Cebu City*

Cebu City

**LAYMAN'S RECOMMENDATION FORM FOR ENROLMENT**

Name of the Student: \_\_\_\_\_

1. How long have you known him/her? \_\_\_\_\_
2. What is your evaluation of his/her spiritual experience? \_\_\_\_\_
3. Has he/she been active in church activities? Yes \_\_\_ No \_\_\_ If Yes, in what ministry? \_\_\_\_\_
  - a. For how long? \_\_\_\_\_
4. Evaluate him/her EMOTIONAL MATURITY: \_\_\_ Stable \_\_\_ Unstable
5. Evaluate him/her PSYCHOLOGICALLY:
  - a. Sound? \_\_\_ Problems that you are aware of: \_\_\_\_\_
6. Evaluate him/her MENTALLY: \_\_\_ Sound \_\_\_ Alert \_\_\_ Slow
  - a. Temperamental \_\_\_\_\_ Self – Controlled: \_\_\_\_\_
  - b. Has he/she been a drug user? Yes \_\_\_ No \_\_\_\_\_
7. How much support will he/she have from the following?
  - a. District: Php \_\_\_\_\_ Monthly Php \_\_\_\_\_ Weekly Php \_\_\_\_\_
  - b. Home Church : Php \_\_\_\_\_ Monthly Php \_\_\_\_\_ Weekly Php \_\_\_\_\_
  - c. Parents: Php \_\_\_\_\_ Monthly Php \_\_\_\_\_ Weekly Php \_\_\_\_\_
  - d. Other Sponsors: Php \_\_\_\_\_ Monthly Php \_\_\_\_\_ Weekly Php \_\_\_\_\_
8. What spiritual gift(s) have you observed that he/she has? \_\_\_\_\_
9. What family – related problems do you know that this student faced or is presently facing? \_\_\_\_\_
  - a. How has this affected him/her? \_\_\_\_\_
10. What other information does the school need to know about this prospective student? \_\_\_\_\_
11. Highly recommended \_\_\_\_\_ with reservation \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Church

\_\_\_\_\_ Signature of Church Lay member

\_\_\_\_\_ District

NOTE: This is CONFIDENTIAL. Please send in sealed envelope to:

The Registrar  
Visayan Nazarene Bible College  
P.O. Box 261  
6000 Cebu City