



ATLANTA BAPTIST COLLEGE

“A Distinctively Baptist College”

1410 Valley Hill Rd * P.O. Box 352 * Stockbridge, GA 30281 * (770) 389-4567

Dr. Glenn W. Anderson, President/Administrator

Roger D. Prillhart, Academic Dean/Registrar

Pastor's Recommendation Form

To the Applicant:

I understand the information obtained will be held in confidence by the College and will not be released to me or anyone else. I understand that this questionnaire will be mailed to Atlanta Baptist College by my pastor.

Signature _____

Applicant's Full Name: _____
First Middle Last

To the Pastor:

May we ask your help as we seek to learn more about the above mentioned person. Please answer all questions frankly. This information will be help strictly confidential by the College and will not be made available to the student. This person's application cannot be further processed until we hear from you.

1. What relationship do you have with this person?
2. Has this person accepted Jesus Christ as personal Savior? Yes No Unknown
3. Do you know any reason why this person would not be suitable to attend ABC? Yes No
If yes, please state why.
4. Is this person trustworthy?
5. List any outstanding traits or extremes.
6. List any special abilities or special needs this person may have.
7. Would you want your children to be in close association with this person?

Any additional information that you may have would be appreciated and may be attached to this form.

Mail completed form to: Atlanta Baptist College
Attn: Registrar
P. O. Box 352
Stockbridge, GA 30281

Name (please print)

Signature of person filling out form

Church Name

Address

Phone Number

City/State/Zip

Date: _____