



# Gillespie Academy Pastoral Reference Form

Please provide the following information using BLOCK LETTERS and provide a pre-addressed, stamped envelope to your referee.

## Part 1: To be completed by the applicant

### Name of Applicant:

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Surname

First Name

Middle Name

### Mailing Address:

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Street Address

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City/Town

Province/State

Postal/Zip Code

### Contact Information:

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Home Phone

Cell/Business Phone

Email

### Name & Relationship of person providing the reference to the applicant:

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Name

Relationship (*Pastor or Elder*)

## Applicant's waiver of rights to access confidential content:

I hereby voluntarily waive my rights of access to any information that is contained in the Reference Form (including attachments) and agree that the form shall remain confidential.

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Signature of Applicant

After completing the required information above, please attach this page to the following three pages and give all four pages to the person you have chosen to provide a pastoral reference for you. When they have finished completing their part, they are requested to place the papers in a sealed envelope, sign their name across the seal, and then send it in the mail to the Academy. THE FORM SHOULD NOT BE RETURNED TO THE APPLICANT.



# Gillespie Academy Pastoral Reference Form

Please provide the following information using BLOCK LETTERS and provide a pre-addressed, stamped envelope to your referee.

## Part 2: To be completed by the individual providing the reference

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Name: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_ Relation (*Pastor/Elder*) \_\_\_\_\_

### Mailing Address:

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Street Address \_\_\_\_\_

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City/Town \_\_\_\_\_ Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

### Contact Information:

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Home Phone \_\_\_\_\_ Cell/Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Due to the nature of your comments, please take the time to complete this form carefully and thoroughly. All records are held in strict confidence and we ask you to be frank and objective in your assessment of the applicant's strengths and weaknesses. When finished, please place it in a sealed envelope and sign your name across the seal, then mail it to: Gillespie Academy, 15 Vansittart Ave, Woodstock, ON, N4S 6E1 or email it to [admin@gillespieacademy.ca](mailto:admin@gillespieacademy.ca).

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

In what context have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_

How well do you know the applicant?

Casually \_\_\_\_\_  
Well \_\_\_\_\_  
Very Well \_\_\_\_\_  
Other \_\_\_\_\_

To the best of your knowledge, does the applicant confess to have a personal relationship with Jesus Christ?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
I don't know \_\_\_\_\_ (*Please explain*) \_\_\_\_\_  
\_\_\_\_\_

# Gillespie Academy Pastoral Reference Form

[Part 2 Continued]

Please tick the best answers (in your opinion) to the following in relation to the applicant's growing character and walk with Christ. Write a short explanation in the space provided.

	Not observed	Weak	Fair	Good	Outstanding
Love for Scripture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire for Fellowship / Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency in Spiritual Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachable Spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Please describe the applicant's involvement in Church activities:

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Please comment on the applicant's ability to handle stressful situations:

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Describe the applicant's social maturity and consideration for others:

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[Part 2 Continued]

Based upon my assessment of the applicant's walk with Christ, I would...

- Highly Recommend \_\_\_\_\_
- Recommend \_\_\_\_\_
- Recommend with Reservation \_\_\_\_\_
- Not Recommend \_\_\_\_\_

...that the applicant pursues studies at Gillespie Academy (*please explain*):

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date