

20\_\_ - 20\_\_ Family \_\_\_\_\_

**You are being asked by the above family to give a recommendation for admission to Hope Academy. Please be honest and straightforward in your evaluation of the family. This recommendation will be kept confidential.**

Name of person giving reference \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ If necessary, best time to reach you: \_\_\_\_\_

How well do you know this family?    Casually    Well    Very Well    For how long? \_\_\_\_\_

What is your relationship to the family? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following in reference to the applicant.**

Do you enjoy being around their children? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you believe their children would be a positive or negative influence to other children such as your own? Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you believe are their greatest strengths *and* weaknesses as parents? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# PERSONAL REFERENCE

20\_\_ - 20\_\_ Family \_\_\_\_\_

Is there anything that we have not asked that you feel is important for our leadership to know about the above family?

Please attach an additional sheet if necessary or write on the back of this form. \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**After completion, please submit this reference directly to Hope Academy.**

Hope Bible Church  
Attn: Hope Academy  
7185 Oakland Mills Road, Suite A  
Columbia, MD 21046