



VERITY INSTITUTE
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Pastor's Evaluation

To the Applicant

Please give this form to the evaluator and have them submit the completed form to Verity. If your pastor is a family member, please submit this evaluation to a comparable, objective individual. (Church elder, Sunday school teacher, church member, etc.) If the applicant information is not complete, this evaluation will not be accepted.

"I waive my right to review this evaluation and I understand that these comments will remain confidential."

Print Name of Applicant	Signature of Applicant	Date	
Street Address of Applicant	City	State	ZIP Code
Print phone number of Applicant	Print e-mail address of Applicant		

To the Evaluator

Your candid evaluation of the applicant will greatly assist us in our review of his or her application. We are primarily interested in what you think is important about the applicant's academic and personal qualifications for independent or group study at a college level.

Evaluator's name: _____ Telephone number:(____) _____

Background Information

How long have you known the applicant? _____

How long has the applicant attended your church? _____

Please describe your level of interaction with the applicant? (Casual, personal, etc.) _____

How would you describe the applicant's influence on your congregation, specifically in relation to other young adults? _____

To your knowledge, what are the applicant's feelings, expectations, or attitude with respect to participating in the Verity program? _____
