



Elnora Bible Institute

A Ministry of the Biblical Mennonite Alliance

101 S. State Road 58
Elnora, IN 47529
Phone: (812) 692-7801
Fax: (812) 692-7803

Parental Reference Form *(preferably father)*

Applicant Information:

Name: _____ Address: _____
Email Address: _____ Phone (____) _____

Reference's Information/questionnaire:

Name: _____ Ph: (____) _____
E-mail: _____ Fax: (optional) (____) _____

A. Briefly describe your child's spiritual journey. _____

B. Give a brief description of your child's personal life. (strengths and weaknesses.) _____

C. How would you evaluate your child's interaction with his peers? (strengths and weaknesses.) _____

D. How would you evaluate your child's response to your parental authority? (strengths and weaknesses.) _____

E. What is your child's academic ability? Well above average, Above average, Average, Below average, Well below average

F. Additional comments you believe would be helpful for us to know: _____

We encourage you to pray that God would use the applicant's time spent studying the Bible at EBI to be a significant step in their walk with the Lord. We also encourage you to follow up with them during and after EBI to see how they are doing. Thank you.

(Signature)

(Date)

**Mail completed form to: Elnora Bible Institute, Attn: Administrative Secretary
101 S State Road 58, Elnora, IN 47529 or email form to elnorabi@gmail.com**