

RETURN FORM TO:
Calvary Red Rock - TAOSN
Attn: Jason Wilhoite
10050 Banbury Cross Dr. #100 J
Las Vegas, NV 89144
OR
Email to
JWilhoite@CalvaryRedRock.org



TRIVIUM ACADEMY
OF SOUTHERN NEVADA

Pastoral Reference Form

Dear Pastor/Youth Minister,

Thank you for taking a moment to provide a reference for this student. Your insight into their faith, character, and involvement in your church or youth ministry will help us guide and support them in both their spiritual and personal growth. Your responses will remain confidential and we value your perspective.

With gratitude,
TAOSN

Applicant's Name: _____

Church Name and Address: _____

Ministers Name: _____

Based on your knowledge of the applicant, please answer the following items as accurately as you can.

1. How well do you know him/her? _____ Intimately _____ Fairly well _____ Casually
2. To what level is the applicant's family involved in the activities of the church? _____ Extremely involved
_____ Occasionally involved in activities other than church services _____ Attends only church service
_____ Seldom attends church services
3. To what level is the applicant involved in the youth/children activities of the church? _____ Extremely involved
_____ Attends regularly _____ Attends occasionally _____ Seldom attends
4. Does applicant/family demonstrate a desire to grow spiritually? _____ Yes _____ No If "Yes," what evidence do you see of this? _____

5. What do you consider the major strong points of the applicant/family? _____
6. Please provide your general recommendation as to the applicant's qualifications for admission.
_____ Highly Recommend _____ Recommend _____ Hesitate to Recommend _____ Do Not Recommend

Comments: _____

Signature _____ Date _____ Position _____