

**Eastern University Referral Form for Church Pastors and Youth Leaders**

Name of the Student: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_ or Transfer Student: \_\_\_\_\_

Church activities: \_\_\_\_\_

\_\_\_\_\_

The student's character and spiritual formation: \_\_\_\_\_

\_\_\_\_\_

The student's potential for future contributions to the community and church: \_\_\_\_\_

\_\_\_\_\_

The student's academic potential: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Pastor or Youth Director: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Church Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

PLEASE RETURN TO:

Eastern University  
Office of Admissions  
1300 Eagle Road  
St. Davids, PA 19087

Questions? Contact Mike Dzeidziak, Director of Admissions at 610.341.1723 or [mdzeidzi@eastern.edu](mailto:mdzeidzi@eastern.edu)