

Training Laborers for His Harvest

## Recommendation Form

Your name:	Title:			
Church/School:		Graduation Date:		
Address:	City:	State:	Phone:	
Student's name:		Years known:		
Scholarship recommending stud	ent for:			
In the space provided, please pr	ovide the reasons you believe	this student deserves th	e scholarship:	
C:		Б.		
Signature:		Date:		

## Submit form to:

West Coast Baptist College 4010 E. Lancaster Blvd Lancaster, CA 93535 Attn: Admissions

Email: admissions@wcbc.edu

Fax: 661.946.4512

