**PERSONAL RECOMMENDATION**

(CONFIDENTIAL QUESTIONNAIRE)

**PROSPECTIVE STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Surname First Name

The above person has applied for enrolment as a student at the SCHOOL. Serious consideration will be given to your comments on this recommendation form, therefore we ask that you complete it carefully. Since we request a candid evaluation, your remarks will be held in strict confidence. The completed form should be returned directly to the SCHOOL.

**A. DETAILS OF RECOMMENDING PERSON**

1. NAME OF RECOMMENDING PERSON**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Surname First Name

 TITLE: ◻ Mr ◻ Ms ◻ Mrs ◻ Miss ◻ Pastor ◻ Rev ◻ Dr ◻ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NAME OF CHURCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. ADDRESSES: CHURCH (Postal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. TELEPHONE NUMBERS Home: (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_
2. YOUR POSITION IN THE CHURCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you held this position \_\_\_\_\_\_\_\_
3. STATEMENT OF FAITH (We kindly request a copy of your church's Statement of Faith. Please indicate whether it has been attached.): ◻ Yes ◻ No
4. HAVE YOU HAD ANY EXPOSURE TO or been INVOLVED IN THE MINISTRY OF THE SCHOOL? ◻ Yes ◻No

If Yes, explain how and when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EVALUATION OF APPLICANT**
2. RELATIONSHIP How long have you known applicant?\_\_\_\_\_\_\_\_\_ Describe relationship: ◻Close ◻ Casual ◻ Distant

 Indicate your position in relationship: ◻ Pastor □ Personal Friend □ Co-worker □ Ministry friend

 □ Family Friend □ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Describe applicant's social relationships and interactions with other people:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe applicant's marriage/family life: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. EVALUATE APPLICANT'S CHARACTER AND LIFESTYLE (Check ✔ G = Good, F= Fair, P = Poor, U = Unknown):

□ □ □ □ Christian life and family □ □ □ □ Leadership qualities □ □ □ □ Dependability

□ □ □ □ Moral attitudes □ □ □ □ Consideration of others □ □ □ □ Financial responsibility

□ □ □ □ Honesty and integrity □ □ □ □ Ability to work with others □ □ □ □ Diligence as a

 student/worker

□ □ □ □ Emotional stability □ □ □ □ Response to authority/ □ □ □ □ Academic ability

 instruction/discipline

□ □ □ □ Spiritual influence on others □ □ □ □ Ability to minister □ □ □ □ Personal cleanliness

1. TO YOUR KNOWLEDGE, DOES APPLICANT:

Use tobacco? □ Yes □ No □ Unknown Drink Alcohol? □ Yes □ No □ Unknown

Use illegal/habit-forming drugs? □ Yes □ No □ Unknown Gamble? □ Yes □ No □ Unknown

Have a record of community disturbance? □ Yes □ No □ Unknown

Lives an immoral life? □ Yes □ No □ Unknown

1. APPLICANT'S ATTITUDE TOWARD THE CHURCH AND ITS ACTIVITIES:

 □ Warm-hearted/Enthusiastic □ Tolerant/Passive ◻ Critical/Contemptuous

6. MINISTRY: Is the applicant currently involved in active ministry? □ Yes □ No □ Not Sure

Do you think the applicant has a definite call to missions/ministry? □ Yes □ No □ Not Sure

Do you recommend the applicant to be enrolled for LIVE SCHOOL?

□ Yes □ No □ Not Sure

1. ADDITIONAL COMMENTS THAT WOULD BE HELPFUL IN EVALUATING THE APPLICANT

 (Please use reverse side or extra sheets of paper, if necessary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_