



LIVING WORD SCHOOL OF MINISTRY PERSONAL RECOMMENDATION FORM

7600 West Roosevelt Road Forest Park, IL 60130-1706

EARLY REGISTRATION BY: JUNE 30, 2017

FINAL DATE FOR PROCESSING: AUGUST 1, 2017

Title: Mr. Mrs. Miss Dr. Rev. _____

NAME

E-MAIL

ADDRESS

CITY

STATE

ZIP CODE

PRIMARY PHONE

SECONDARY PHONE

Please read before distributing. This form should be completed by the person completing your Personal Recommendation and should be returned directly to Living Word School of Ministry.

I agree that this confidential statement is being submitted with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.

Applicant's Signature

To the Personal Reference:

Each applicant of the School of Ministry must submit a personal recommendation. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. Please return this form directly to Living Word School of Ministry, Attention: Admissions, 7600 W. Roosevelt Rd., Forest Park, IL 60130. Since we request a candid evaluation, we will hold your comments in strictest confidence. Thank you for your time and assistance.

The following information is to be completed by the Applicant's Personal Reference

NAME

NAME OF CHURCH

ADDRESS

CITY

STATE

ZIP CODE

PRIMARY PHONE

E-MAIL

AGE: 18-25 26-35 36-50 51 & over

How long have you known the applicant? _____

How well do you know him/her? (Check one)

Very close personal relationship Fairly well (numerous personal contacts) Casually (few personal contacts) By name/sight

To your knowledge has the applicant made a meaningful personal commitment to Jesus Christ? Yes No Unknown

Comments: _____

How industrious is he/she as a student or worker?

Usually conscientious, hard worker Works harder than most students/workers Does about as much work as most others
 Works less than most others Very lazy Have no basis for judgement

Comments: _____

Is the applicant prompt in paying his/her bills? Yes No Unknown

Comments: _____

Emotional Evaluation: Very Stable Stable Unstable Very unstable

Continued on the reverse side

Please evaluate his/her personal character.

	EXCELLENT	GOOD	FAIR	POOR	UNKNOWN
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to lead others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of instruction and/or discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submission and response to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From personal knowledge of the applicant, as a potential candidate for ministerial training, would you?

- Highly recommend him/her
- Recommend him/her with slight reservations*
- Be unable to honestly recommend him/her*
- Recommend him/her
- Hesitate in recommending him/her*

(*Please explain) _____

The applicant's spiritual influence on others is: Positive Neutral Negative

With what sort of companions does he/she usually associate? _____

To your knowledge, is the applicant involved in:

- tobacco usage
- drinking alcoholic beverages
- illegal drugs usage
- sexual immorality

(If you checked any, please explain) _____

Please describe the applicant's home life and/or marriage. _____

Have you noted physical weaknesses or emotional problems that would hinder him/her in an intense academic environment?

What do you consider the applicant's strong points? _____

What do you consider the applicant's weak points? _____

Please share with us any information you may have about the applicant that would help in our evaluation.

(This information could cover recent experiences or incidents in the applicant's life, or even a general personality appraisal.)

To your knowledge, has the applicant ever been accused, questioned, or investigated for child abuse/neglect/molestation?

(If yes, please explain) _____

To your knowledge, has the applicant ever been accused, questioned, or investigated for spousal abuse?

(If yes, please explain) _____

Personal Reference's Signature

Date