



LIVING WORD SCHOOL OF MINISTRY SPOUSE 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. If married, this form should be completed by the applicant's spouse 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 Spouse:
Each married applicant of the School of Ministry must submit a spouse 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 Spouse

NAME _____ E-MAIL _____

Are you saved? Yes No Are you filled with the Holy Spirit? Yes No Do you speak in tongues? Yes No

Will you be attending SOM with your spouse this September? Yes No

Have you previously attended SOM? Yes No If yes, what year? _____

Are you in full agreement with your spouse attending? Yes No (Please briefly explain your answer)

Do you believe your spouse is called to the ministry? Yes No If yes, what area of ministry? When?

Spouse's Signature

Date