

LIVING WORD SCHOOL OF MINISTRY SPOUSE RECOMMENDATION FORM

7600 West Roosevelt Road Forest Park, IL 60130-1706

EARLY REGISTRATION BY: MARCH 31
FINAL DATE FOR PROCESSING: JUNE 30

Title:	☐ Mr. [☐ Mrs.	☐ Miss ☐ I	Dr. 🗆 Rev.		===			
NAME									E-MAIL
ADDRESS	S						CITY		
STATE	ZIP CODE			PRIMARY PHONE		-		SECO	ONDARY 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									
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 yo	u believe	your s	pouse is call	ed to the min	nistry? □ Yes	□ No	If yes,	wha	at area of ministry? When?
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