



MINISTER’S RECOMMENDATION FORM

TO THE APPLICANT: This recommendation should be completed by your pastor and mailed directly by him to the Admissions Office. If your pastor is your parent, spouse, or other family member, ask another member of the church’s Pastoral staff to complete this form. If a person other than your pastor (assistant pastor or youth pastor) completes the form, an explanation should be provided.

Date _____ Phone (_____) _____

Applicant’s Name _____

Present Address _____

City _____ State _____ Zip _____ Country _____

Country of Citizenship _____

CONFIDENTIALITY

I willingly waive any right to have access to this confidential reference with the understanding that it will not be released to anyone other than to the Admissions Committee and Deans. I understand that signing this waiver is not required as a condition for admissions

I waive my right to review this letter of recommendation.

I do not waive my right to review this letter of recommendation.

Applicant’s Signature _____ Date _____

To the person completing this form: This person is applying for acceptance to Spirit Ministries Training Centre. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. Once the form is completed, please mail it to the Admissions Office at the address above.

How long have you known the above person? _____

How well do you know the applicant? Name/Sight () Casual () Fairly Well () Close ()

To your knowledge has the applicant made a personal commitment to Jesus Christ? () Yes () No () I don’t know

To your knowledge what Christian service does the applicant fulfill in your church? _____
_____. (Sunday school teacher, youth leader, children’s helper)

Please describe what you see as the applicant’s strengths. _____

Please describe what you see as the applicant’s weaknesses. _____

Does the applicant respond well to authority? () Yes () No

What sort of companions does he/she usually associate with? _____

What is your estimate of his/her leadership ability?

- () A forceful and capable leader () Displays average ability to guide and direct
() is a better follower than leader () Have no basis for judgment

The applicants influence on his/her peers is: () Positive () Neutral () Negative

Please indicate the terms which best describe the applicant:

- () Warmhearted () Critical () Tolerant () Passive () Sympathetic () Contentious () Respectful () Enthusiastic () Loving

Please evaluate his/her personal character:

	<u>Unknown</u>	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>
Honesty & Integrity	()	()	()	()	()
Financial Responsibility	()	()	()	()	()
Dependability	()	()	()	()	()
Co-Operative	()	()	()	()	()
Academic Ability	()	()	()	()	()
Ability to work well with others	()	()	()	()	()
Ability to lead others	()	()	()	()	()
Physical Health	()	()	()	()	()
Consideration of Others	()	()	()	()	()
Moral Character	()	()	()	()	()
Acceptance of instruction and/or discipline	()	()	()	()	()

To your knowledge does the applicant use: Alcohol: () Yes () No

Illegal Drugs : () Yes () No

Smoke: () Yes () No

() I highly recommend () I recommend () I recommend with reservation () I cannot recommend

Name: _____ Phone () _____

Name of Church & Denomination: _____

Address: _____ City: _____

Prov./State: _____ Postal/Zip Code: _____

Signature

Date

Do not return to applicant: Please complete and return this form to:

Spirit Ministries Training Centre 73 Emerald St., North Hamilton, ON L8L 5K2
(905) 296-4296 email: info@spiritministries.ca, wendy@eagleministries.com

M2