

Recommendation Form

2009-2010



Applicant Name: _____

Date: _____

Applicant Signature: _____

Each applicant must submit this form before admissions consideration. The form should be completed by a Pastor or Employment Supervisor who has known you for two or more years. Family members and friends may NOT fill out this form. This form should be returned to you. Then you should submit this form with your application.

Name of Person Completing this Form: _____

Address: _____

Telephone: _____

Instructions: Please complete this form as best you can and return it to the applicant as soon as possible to expedite his/her enrollment.

1. How long have you known the applicant? _____

2. What is your relationship with the applicant? _____

3. What would you consider the applicant's strong points?

4. What would you consider the applicant's weak points?

5. To best of your knowledge, is the applicant prompt in paying their bills on time?

YES NO UNKNOWN

6. Does the applicant respond well to authority?

YES NO UNKNOWN

7. On a scale of 1-5 using the chart below, please rate the applicant on the following:

(1) No Comment (2) Satisfactory (3) Good (4) Very Good (5) Excellent

a. Integrity _____

b. Personal Lifestyle _____

c. Good Morals _____

d. Trustworthy _____

e. Responsible _____

f. Dependable _____