

To be completed by applicant:

Students Last Name:

Student's First Name:

Address:

Phone:

E-mail:

Name of Church Currently Attending:

Church Address:

Positions of Leadership held in a local church or other Christian organization:

Frequency of Involvement:

Position:

Church/Organization Name:

Weekly

Monthly

Yearly

Please indicate your level/frequency of participation in the following areas:

Weekly

Monthly

Yearly

Bible Study

Church Worship

Youth Ministry

School Related Ministry

Mission Activities

Please type a description of each of the following:

1. Describe your salvation experience and what it means to you now.
2. Describe how your Christian commitment affects your daily life.
3. Describe your career plans and your ministry objectives.

TEACHER RECOMMENDATION FORM

Applicant's Name:

To be completed by Recommender (Family members are not acceptable)

Recommender's Name:

E-Mail Address:

Phone:

Job Title:

How long have you known the applicant?

How do you know the applicant?

Please indicate your understanding of the applicant's educational goals:

Please evaluate the applicant in the following areas. Make comments in the additional comments section for any below average or poor responses. Feel free to use that space for any other comments as well.

	Outstanding	Above Average	Average	Below Average	Poor	No Information
Character (person of moral & spiritual integrity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill in relating to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills/ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in church life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly outline your observation of the applicant's involvement in positions of leadership:

Recommender's Signature

Date: