

**To the applicant**

Surname: \_\_\_\_\_  
 First name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal/zip code: \_\_\_\_\_ City: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  Male  Female (please tick relevant box)

I understand that these confidential answers will be given to me in a sealed envelope and will not be disclosed to me.

\_\_\_\_\_ Date and place \_\_\_\_\_ Signature

**To the recommender**

Surname: \_\_\_\_\_  
 First name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal/zip code: \_\_\_\_\_ City: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Please answer these questions as carefully and honestly as you can. We understand that your answers are your personal perception of the applicant's personality and not a professional opinion. You will not help the applicant by withholding particulars, which you may think will influence our assessment negatively. It is the truth that sets us free.

The applicant, whom you are recommending, cannot be admitted until we have received all his/her recommendations. Please return the completed recommendation to the applicant in a sealed envelope marked "recommendation" in one corner. Your answers will be treated confidentially. Please make sure that the applicant's signature, name, address and telephone number are written in the spaces provided on the top of this page.

- How long have you known the applicant? \_\_\_\_\_  
Total in years
- Has your relationship been  Intense  Very close  Close  Periodic  
 Distant  Other: \_\_\_\_\_
- Type of relationship? Were you the applicant's...  
 Church:  Pastor  Youth Leader/Pastor  Prayer group leader  
 Co-worker  Other: \_\_\_\_\_  
 Work:  Employee  Boss  Co-worker  
 School:  Teacher  Fellow student  Other: \_\_\_\_\_  
 Social:  Personal friend  Friend of the family  Relative  
 Other: \_\_\_\_\_
- How dedicated is he/she to studies or work?  
 Dedicated, works hard  Works little  
 Works as much as others  Don't know

Comment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Word of Life Bible Centre – Letter of Recommendation



Word of Life Bible Centre – Letter of Recommendation

- Describe his/her character
 

Honesty:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Less good	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Financial responsibility:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Less good	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Trustworthiness:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Less good	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Ability to study:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Less good	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Ability to cooperate:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Less good	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Personal hygiene:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Less good	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Care for others:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Less good	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Morals:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Less good	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know
Ability to follow instructions:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Less good	<input type="checkbox"/> Poor	<input type="checkbox"/> Don't know

- Is the applicant financially responsible?  Yes  No  Don't know  
 Comment: \_\_\_\_\_

- How is the applicant's relationship with other people?  
 Very good  Normal  Sometimes has difficulty in getting along with others  
 Is not liked  Don't know

- How emotionally stable do you believe him/her to be?  
 Stable  Minor problems  Serious emotional problems  Don't know  
 Comment: \_\_\_\_\_

- How do you estimate his/her leadership capabilities?  
 Good leader  Average leadership capabilities  Not a leader  Don't know

- Can the applicant submit to leadership?  Yes  No  Don't know

- The applicant's spiritual influence on others is  Positive  Neutral  Negative

- What friends does he/she usually choose?  
 Christian friends  Non-Christians  
 Both Christians and non-Christians  None at all  
 Comment: \_\_\_\_\_

- Have you ever questioned the applicant's morals?  Yes  No  
 If yes, in which area? \_\_\_\_\_

- How is the applicant's home and family life?  Good  Less good  Poor  Don't know  
 Comment: \_\_\_\_\_

- Have you ever noticed a physical weakness or emotional instability that could impede the applicant in an intense study environment? \_\_\_\_\_

- Do you know if the applicant uses  Tobacco  Alcohol  Drugs  None of these  
 Comment: \_\_\_\_\_

- What do you consider to be the applicant's strong points (including positive personal characteristics)? \_\_\_\_\_  
 \_\_\_\_\_

- What do you consider to be the applicant's weak points (including negative personal characteristics)? \_\_\_\_\_  
 \_\_\_\_\_

I recommend the applicant  Yes  No  Don't know  
 \_\_\_\_\_ Place and date \_\_\_\_\_ Signature