

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.

1) How long have you known the applicant? _____ Total in years

2) Has your relationship been Intense Very close Close Periodic
 Distant Other: _____

3) 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: _____

4) 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 from Pastor / Spiritual Leader



Word of Life Bible Centre – Letter of Recommendation from Pastor / Spiritual Leader

5) 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

6) Is the applicant financially responsible? Yes No Don't know
 Comment: _____

7) 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

8) How emotionally stable do you believe him/her to be?
 Stable Minor problems Serious emotional problems Don't know
 Comment: _____

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

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

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

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

13) Have you ever questioned the applicant's morals? Yes No
 If yes, in which area? _____

14) How is the applicant's home and family life? Good Less good Poor Don't know
 Comment: _____

15) Have you ever noticed a physical weakness or emotional instability that could impede the applicant in an intense study environment? _____

16) Do you know if the applicant uses Tobacco Alcohol Drugs None of these
 Comment: _____

17) What do you consider to be the applicant's strong points (including positive personal characteristics)? _____

18) 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