

Please **PRINT** in blue or black ink. This completed form is required for all students.

Name of Applicant _____

Last First Middle

Address: _____

City _____ State _____ Zip _____

Word of Life School of Ministry requires that the following waiver be signed before this form is given to the Christian friend for recommendation.

I hereby waive the right to inspect this confidential recommendation which is a part of my admission file.

APPLICANT'S SIGNATURE

DATE

The person named above is applying for admission to Word of Life School of Ministry. Your cooperation in completing this form will be greatly appreciated. All information will be held in the strictest confidence if the applicant has signed the above waiver. You are asked to send this completed form to Word of Life School of Ministry in the attached self-addressed envelope. (N/a for online obtained forms – mail online obtained forms to 4425 Meriwether Road, Shreveport, LA 71109). It should not be given to the applicant unless in a sealed envelope.

How long have you known the applicant? _____

How well do you know the applicant?

_____ casually, have had a few personal contacts.

_____ fairly well, have had a number of personal contacts.

_____ have had a close friendship

To the best of your knowledge has the applicant made a personal commitment to Jesus Christ?

_____ Yes _____ No _____ I don't know

What evidence of this commitment have you seen in the applicant's daily life?

In what form of Christian service have you had the opportunity to observe the applicant?

How would you rate the applicant's influence on other people?

____ Strengthening _____ Neutral _____ Injurious _____ I don't know

How would you rate the applicant in the following areas?

	Superior	Above Avg.	Average	Below Avg.
Mental Ability	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Leadership Ability	_____	_____	_____	_____
Social Adaptability	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____
Christian Life	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Reliability	_____	_____	_____	_____

Have you ever had reason to question the applicant's morals?

_____ Yes _____ No

To your knowledge does the applicant have any mental or physical handicaps that

might hinder him/her from completing WOLSOM?

Yes No

Are you aware of any personality traits that would hinder the applicant's relationship with others? Yes No (If yes, explain)

Describe any home factors that might affect the applicant's success at Word of Life School of Ministry. We are interested in the positive as well as the negative factors. Comment on the family and the social background of the applicant.

Would you consider the applicant emotionally qualified for Christian service or ministry?

Yes No (Please explain.)

Has the applicant's entire record been such that you would place full confidence in his/her integrity?

Yes No (Please explain.)

**I recommend this applicant: Without reservation With reservation
 I do not recommend the applicant.**

Signed: _____ Date _____

Occupation _____

Address _____

Phone Number _____

STUDENT:



“A SCHOOL OF THE WORD AND THE SPIRIT”

CHRISTIAN FRIEND RECOMMENDATION

FOR