



— WORD OF LIFE —  
**SCHOOL *of* MINISTRY**

**“A SCHOOL OF THE WORD AND THE SPIRIT”**

**CHRISTIAN FRIEND RECOMMENDATION**

**FOR**

**STUDENT: \_\_\_\_\_**

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?

Circle one.

Yes No I don't know

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

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

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

Strengthening      Neutral      Injurious      I don't know

How would you rate the applicant in the following areas?

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Mental Ability				
Initiative				
Leadership Ability				
Social Adaptability				
Personal Appearance				
Christian Life				
Cooperation				
Reliability				

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

Yes      No

To your knowledge does the applicant have any mental or physical handicaps that might hinder him/her from completing WOLSOM? Circle one.

Yes      No

Are you aware of any personality traits that would hinder the applicant's relationship with others? Circle one.

Yes    No

*If yes, please explain...*

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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.

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

Yes    No

*Please explain.....*

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

Yes    No

*Please explain.....*

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I recommend this applicant:

- Without reservation
- With reservation
- I do not recommend the applicant

Signed: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_