



— WORD OF LIFE —
SCHOOL *of* MINISTRY

“A SCHOOL OF THE WORD AND THE SPIRIT”

PASTOR RECOMMENDATION

FOR

STUDENT: _____

(This completed form is required of all students)

Please print:

Full Name of Applicant: _____

Full Address: _____

Please read before distributing form:

This form should be completed by your Pastor and returned by him directly to Word of Life School of Ministry. If your father is your Pastor, please refer the form to an associate minister or lay leader in your church. If a person other than your minister (or associate minister) completes the form, an explanation should be provided. I understand that this confidential statement is being submitted with the understanding that its content will not be shared with me, but will be mailed to Word of Life School of Ministry by the Pastor who completes the form. I hereby waive my right to see the confidential statement submitted on this form.

Applicant's Signature

TO THE PASTOR

Each applicant for admission to Word of Life School of Ministry must submit a Pastor's recommendation. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. It should be returned directly in the attached self addressed envelope (n/a for online obtained forms – mail online obtained forms to 4425 Meriwether Road, Shreveport, LA 71109). Since we request a candid evaluation, we will hold your comments in strictest confidence. Thank you for your cooperation.

How long have you known the applicant? _____

How well do you know him/her? (check one)

- | | |
|---|---|
| <input type="checkbox"/> By name/sight | <input type="checkbox"/> Fairly well - numerous personal contacts |
| <input type="checkbox"/> Casually - few personal contacts | <input type="checkbox"/> Very close pastoral relationship |

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

- | | | |
|------------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> I DON'T KNOW |
|------------------------------|-----------------------------|---------------------------------------|

Comments:

Please indicate applicant's level of involvement in church activities. (check one)

- ___ Attends irregularly, shows little interest.
- ___ Seldom participates although attends regularly.
- ___ Cooperative, usually willing to help.
- ___ Enthusiastic, deeply involved.

What do you consider the applicant's strong points? Include positive personal traits.

What do you consider the applicant's weak points? Include negative personal traits.

Please check the terms which best describe the student's attitude toward the church and its activities.

- ___ Warm hearted ___ Contemptuous
- ___ Enthusiastic ___ Loving
- ___ Sympathetic ___ Tolerant
- ___ Respectful ___ Critical

This applicant's spiritual influence on his/her peers is

- Positive Neutral Negative

How do you rate the person in the following areas?

Area of Concern	Excellent	Above Avg.	Average	Below Avg.	Unobserved
Leadership					
Responsibility					
Christian Commitment					
Initiative					
Cooperativeness					
Personal Apperance					
Moral Character					
Health					
Social Adaptability					
Integrity and Honesty					
Emotional Stability					

To your knowledge does the applicant:

- smoke
- drink
- use illegal drug
- or is involved in any immoral lifestyle

Comments:

Does the applicant have personality traits which impair his relationship with others?

Yes No

Comments:

Please share with us any information you may have about the applicant that would help in our evaluation. This information could cover recent experiences or incidents in the applicant's life, or even a general personality appraisal.

Minister's Name: _____ Phone: _____

Church Name: _____

Address: _____

Signature: _____

Return form to: Word of Life School of Ministry
4425 Meriwether Road
Shreveport, LA 71109