

How do you rate this person in the following areas?

Area of Concern	Excellent	Above Avg.	Average	Below Avg.	Unobserved
Leadership					
Responsibility					
Christian Commitment					
Initiative					
Cooperativeness					
Personal Appearance					
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 life style.

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

“A School of the Word and of the Spirit”

**PASTOR’S RECOMMENDATION
FOR**

STUDENT _____



— WORD OF LIFE —
SCHOOL *of* MINISTRY