

To your knowledge does the applicant: ___ smoke ___ drink ___ use illegal drugs ___ or is involved in an 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



Word of Life School of Ministry
PASTOR'S RECOMMENDATION