

# PERSONAL RECOMMENDATION



This form cannot be completed by a relative of the applicant. Must know applicant for months.

**Recommender's** Last Name \_\_\_\_\_ First \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Region \_\_\_\_\_ Country \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

**Applicant's** Last Name \_\_\_\_\_ First \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

1. How long have you known the applicant: _____ Months _____ Years
2. How are you associated with the applicant: High School Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> College Teacher <input type="checkbox"/> Employer <input type="checkbox"/> Friend <input type="checkbox"/>
3. To your knowledge has the applicant made a personal commitment to Jesus Christ: Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> If "No" please explain _____
4. . The applicant's influence on his or her peers is:  Positive <input type="checkbox"/> Neutral <input type="checkbox"/> Negative <input type="checkbox"/>
5. To the best of your knowledge does the applicant: Use illegal drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Which characteristics best describe the applicant: Warm Hearted <input type="checkbox"/> Critical <input type="checkbox"/> Tolerant <input type="checkbox"/> Sympathetic <input type="checkbox"/> Rebellious <input type="checkbox"/> Respectful <input type="checkbox"/> Enthusiastic <input type="checkbox"/> Loving <input type="checkbox"/>
7. To your knowledge what Christian service does the applicant fulfill (such as Sunday School teacher, youth pastor, nursery worker, etc)
8. What do you consider the applicant's strengths to be?
9. Please describe any weaknesses the applicant might have of which we need to be aware:
10. Please add any further comment you may have which would be helpful in our evaluation.

# PERSONAL RECOMMENDATION



This form cannot be completed by a relative of the applicant. Must know applicant  
for a minimum of 6 months

PLEASE CHECK ONE: I highly recommend ☐ I recommend ☐  
I recommend with reservation ☐ I cannot recommend ☐

If you checked "I recommend *with reservation*" or "I *cannot recommend*" please give a brief explanation:

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I hereby agree that all information provided is true and complete to the best of my knowledge.

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Recommender's Signature                      Date