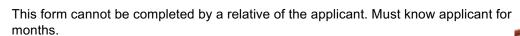
## PERSONAL RECOMMENDATION



Recommender"s Last Name		<del></del>	First	
Date	Phone		E-Mail	
Addres	ss	Cit	у	
State/Region			Country	
Country	y of Citizenship			
Applicant's Last Name		<del></del>	First	
Phone	C	ell	E-Mail	
1.	How long have you known	the applicant:	Months Years	
2.	How are you associated with High School Teacher Friend		ege Teacher Employer	
3.	To your knowledge has the Yes No No If "No" please explain		rsonal commitment to Jesus Christ:	
4.	. The applicant's influence	·		
5.	To the best of your knowled Yes No	ral Negative  dge does the applican		
6.	Which characteristics best of Warm Hearted Cr Respectful Enthus	itical Tolerant		
7.	To your knowledge what Cl School teacher, youth pasto		the applicant fulfill (such as Sunday c)	
8.	What do you consider the a	pplicant's strengths to	o be?	
9.	Please describe any weakn aware:	esses the applicant n	night have of which we need to be	
10	. Please add any further com	ıment you may have v	which would be helpful in our evaluation	on.

## PERSONAL RECOMMENDATION



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

PLEASE CHE	ECK ONE: I highly recommend		I recommend	
	I recommend with reservation [	I	cannot recommend	
If you checke explanation:	d "I recommend with reservation"	' or "I <i>car</i>	nnot recommend" please give a	a brief —
I hereby agre knowledge.	e that all information provided is	true and	complete to the best of my	_
Recommende	er's Signature	 Date		