



# LIVING WORD SCHOOL OF MINISTRY MINISTER'S RECOMMENDATION FORM

7600 West Roosevelt Road Forest Park, IL 60130-1706

**EARLY REGISTRATION BY: MARCH 31**  
**FINAL DATE FOR PROCESSING: JUNE 30**

Title:  Mr.  Mrs.  Miss  Dr.  Rev.  \_\_\_\_\_

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_

**Please read before distributing.** This form should be completed by your minister and returned directly to Living Word School of Ministry. If your parent is your minister, please refer the form to the assistant minister or lay leader in your church. If a person other than your minister (or assistant minister) completes the form, an explanation should be provided.

I agree that this confidential statement is being submitted with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.

\_\_\_\_\_  
*Applicant's Signature*

### To the Minister:

Each applicant of the School of Ministry must submit a minister's recommendation. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. Please return this form directly to Living Word School of Ministry, Attention: Admissions, 7600 W. Roosevelt Rd., Forest Park, IL 60130. Since we request a candid evaluation, we will hold your comments in strictest confidence. Thank you for your time and assistance.

### The following information is to be completed by the Applicant's Minister

MINISTER'S NAME \_\_\_\_\_ NAME OF CHURCH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

AGE:  18-25  26-35  36-50  51 & over  Licensed?  Ordained? ORGANIZATION \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

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

- Very close pastoral relationship  Fairly well (numerous personal contacts)  Casually (few personal contacts)  By name/sight

To your knowledge has the applicant made a meaningful personal commitment to Jesus Christ?  Yes  No  Unknown

Comments: \_\_\_\_\_

### Please check the area of his/her involvement in the church:

- Usher  Music  Teacher  Children  Sound  Prayer  \_\_\_\_\_

Please indicate his/her level of and attitude toward involvement in church activities. (Check one)

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

### How industrious is he/she as a student or worker?

- Usually conscientious, hard worker  Works harder than most students/workers  Does about as much work as most others  
 Works less than most others  Very lazy  Have no basis for judgement

Comments: \_\_\_\_\_

Is the applicant prompt in paying his/her bills?  Yes  No  Unknown

Comments: \_\_\_\_\_

Emotional Evaluation:  Very Stable  Stable  Unstable  Very unstable

Continued on the reverse side

**Please evaluate his/her personal character.**

	EXCELLENT	GOOD	FAIR	POOR	UNKNOWN
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to lead others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consideration for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of instruction and/or discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Submission and response to authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**From personal knowledge of the applicant, as a potential candidate for ministerial training, would you?**

- Highly recommend him/her
- Recommend him/her with slight reservations\*
- Be unable to honestly recommend him/her\*
- Recommend him/her
- Hesitate in recommending him/her\*

(\*Please explain) \_\_\_\_\_

**The applicant's spiritual influence on others is:**  Positive  Neutral  Negative

**With what sort of companions does he/she usually associate?** \_\_\_\_\_

**To your knowledge, is the applicant involved in:**

- tobacco usage
- drinking alcoholic beverages
- illegal drugs usage
- sexual immorality

(If you checked any, please explain) \_\_\_\_\_

**Please describe the applicant's home life and/or marriage.** \_\_\_\_\_

**Have you noted physical weaknesses or emotional problems that would hinder him/her in an intense academic environment?**

**What do you consider the applicant's strong points?** \_\_\_\_\_

**What do you consider the applicant's weak points?** \_\_\_\_\_

**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.)*

**Is your church/ministry sponsoring this applicant?**  Yes  No  Full  Part (state amount) \$ \_\_\_\_\_

**How much individual attention and/or counseling does the applicant need to maintain a victorious Christian walk?**

- Applicant seems to maintain victory from his/her own devotional life and from ministry received in church services.
- Applicant seems to need a moderate amount of individualized attention and counseling.
- Applicant seems to need much individualized attention and counseling.

(If you checked one of the last two, please specify the area of need) \_\_\_\_\_

**To your knowledge, has the applicant ever been accused, questioned, or investigated for child abuse/neglect/molestation?**

(If yes, please explain) \_\_\_\_\_

**To your knowledge, has the applicant ever been accused, questioned, or investigated for spousal abuse?**

(If yes, please explain) \_\_\_\_\_

Minister's Signature

Date