



PASTOR'S RECOMMENDATION FORM

TO THE APPLICANT: This recommendation should be completed and sealed in a separate envelope by your senior pastor. The sealed envelope needs to be submitted with your application form at the Admissions Office.

If your pastor is your parent, spouse, or other family member, ask another member of the church's pastoral staff to complete this form. If a person other than your pastor (assistant pastor or youth pastor) completes the form, an explanation should be provided.

Date _____ Phone (_____) _____

Applicant's Name _____

Address _____

City _____ Country _____

I N S T I T U T E

TO THE PASTOR: The above named is applying for admission to Kingdom Leadership Institute. Serious consideration will be given to your comments. Please fill out the following and place in a sealed envelope. Thank you for your assistance.

1. How long have you known the applicant? (Must be six months or longer.) _____ In what capacity? _____
2. How well do you know him/her (Please check one.)

<input type="checkbox"/> Very well, pastoral relationship	<input type="checkbox"/> Fairly well, numerous personal contacts
<input type="checkbox"/> Casually, few personal contacts	<input type="checkbox"/> By name/sight
3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes No I don't know
4. To what extent is the applicant engaged in the activities of your church? (Please check one.)

<input type="checkbox"/> Enthusiastic, deeply involved	<input type="checkbox"/> Cooperative, usually willing to help
<input type="checkbox"/> Seldom participates, although attends regularly	<input type="checkbox"/> Attends irregularly, shows little interest

5. In what form of Christian service has the applicant participated regularly?

6. Please indicate what you consider to be the applicant's strengths.

7. Do you know of any weaknesses of which we should be aware?

8. To your knowledge, does the applicant: Smoke? Yes No Drink? Yes No

Use illegal drugs? Yes No

Comments:

9. Please describe home factors which might affect the applicant's success at KLI

10. The applicant's influence on his or her peers is: Positive Neutral Negative

11. Please evaluate the applicant in regard to the following categories. (Please circle one.)

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Reliability: dependability, responsibility	1	2	3	4	5	6
Maturity: personal development, ability to cope with life situations	1	2	3	4	5	6
Emotional stability: reaction to stress, poise, mood stability	1	2	3	4	5	6
Motivation: genuineness and depth of Commitment	1	2	3	4	5	6
Judgment: ability to analyze a problem	1	2	3	4	5	6
Oral expression: clarity, coherence	1	2	3	4	5	6
Interpersonal relations: rapport, Cooperation attitudes toward supervision	1	2	3	4	5	6
Empathy: sensitivity to the needs of others	1	2	3	4	5	6
Work habits: stamina, conscientiousness, perseverance, resourcefulness, initiative	1	2	3	4	5	6
Leadership: creative thought, curiosity, self-confidence	1	2	3	4	5	6
Personal appearance: cleanliness, grooming	1	2	3	4	5	6
Integrity: honesty, moral character	1	2	3	4	5	6

12. Please add any further comments you may have which would help in our evaluation. _____

PLEASE CHECK ONE:

I *highly* recommend

I recommend

I recommend *with reservation* → Please explain: _____

I *cannot* recommend → Please explain: _____

PLEASE PRINT OR TYPE THE INFORMATION BELOW:

Name _____ Phone (_____) _____

Name of church and denomination _____

Address _____

City _____ State _____

Signature _____ Date _____

Please place this form in a sealed envelope and return to the applicant for submission to the Admission Office