

# Personal Recommendation

Bethel Atlanta School of Supernatural Ministry

Date: \_\_\_\_\_

Phone – Day: \_\_\_\_\_ Phone – Evening: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**To the person completing this recommendation:** The above named is applying for admission to Bethel Atlanta School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Once completed, please mail to **Bethel Atlanta, P.O. Box 656 Tyrone, GA 30290.**

1) How long have you known this applicant? \_\_\_\_\_ Relationship to applicant? \_\_\_\_\_

2) How well do you know him/her? Please check one.

\_\_\_\_\_ Very close

\_\_\_\_\_ Fairly well

\_\_\_\_\_ Casually

\_\_\_\_\_ By name/sight

3) To your knowledge, has the applicant made a personal commitment to Jesus Christ?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure

4) In what form of Christian service has the applicant participated regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc)? \_\_\_\_\_

5) What do you consider to be the applicant's strengths? \_\_\_\_\_

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6) Weaknesses? \_\_\_\_\_

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7) To your knowledge, does the applicant:

Use Tobacco? \_\_\_\_\_ Yes \_\_\_\_\_ No      Drink Excessively? \_\_\_\_\_ Yes \_\_\_\_\_ No

Use Illegal Drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

8) Which characteristics best describe the applicant? Please check all that apply.

\_\_\_\_\_ Warmhearted    \_\_\_\_\_ Critical      \_\_\_\_\_ Tolerant  
\_\_\_\_\_ Rebellious      \_\_\_\_\_ Loving      \_\_\_\_\_ Teachable  
\_\_\_\_\_ Passive      \_\_\_\_\_ Sympathetic      \_\_\_\_\_ Respectful  
\_\_\_\_\_ Enthusiastic    \_\_\_\_\_ On Fire for Jesus Christ

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

	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
Christian Commitment	1	2	3	4	5	6
Social Adaptability	1	2	3	4	5	6
Cooperativeness	1	2	3	4	5	6
Integrity and Honesty	1	2	3	4	5	6
Responsibility	1	2	3	4	5	6
Mental Ability	1	2	3	4	5	6
Physical Health	1	2	3	4	5	6
Initiative	1	2	3	4	5	6
Christian Character	1	2	3	4	5	6
Emotional Stability	1	2	3	4	5	6
Leadership	1	2	3	4	5	6
Reliability	1	2	3	4	5	6

Please print the information below.

Your Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_