

Personal Recommendation

Bethel Atlanta School of Supernatural Ministry

NOTE: This section is to be completed by the applicant.

To the Applicant: Each applicant applying is required to submit TWO personal recommendations for review by the Admissions Committee. Fill in this box with your information.

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 **Steven Hale, 1015 Tyrone Road Ste. 810, 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? _____

6) Weaknesses? _____

7) To your knowledge, does the applicant:

Use Tobacco?__Yes__No Drink?__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: _____