



Personal Recommendation

To the APPLICANT: Each applicant applying is required to submit TWO personal recommendations for review by the Admissions Committee. Fill in the date, your name and address in the section below.

NOTE: This section to be completed by Applicant

Date: _____

Phone - Day: () _____ Phone - Evening: () _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Country of Citizenship: _____

To the person completing this Recommendation: The above named is applying for admission to Clearwater 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 the School Office (address at end of form).

1. How long have you known the 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. To your knowledge, does the applicant:
 - Use Tobacco?** __ Yes __ No **Drink Alcohol?** __ Yes __ No **Use Illegal Drugs?** __ Yes __ No

5. In what form of Christian service has the applicant participated regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)? _____

6. What do you consider to be the applicant's strengths? _____

7. Weaknesses? _____



Clearwater School of Supernatural Ministry

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

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

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

	<u>Excellent</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Poor</u>	<u>No chance to Observe</u>
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
Personal Appearance:	1	2	3	4	5	6
Leadership:	1	2	3	4	5	6
Reliability:	1	2	3	4	5	6

Please print or type the information below.

Your Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please return completed form to:

**Clearwater School of Supernatural Ministry - 1739 S MLK Jr Ave., Clearwater FL 33756
 (727) 585-5468 ~ (727) 581-0672**