

Pastor's Recommendation

Athens Christian Center School of Supernatural Ministry (ACCSSM)

NOTE: This section to be completed by Applicant

To the Applicant: This recommendation should be completed by your pastor and mailed directly by him to the school office. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

Date: _____

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

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Country of Citizenship: _____

TO THE PASTOR: The above named is applying for admission to Athens Christian Center 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.

1. How long have you known the applicant? _____ In what capacity? _____

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

- Very well, pastoral relationship
 Fairly well, numerous personal contacts
 Casually, few personal contacts
 By name/sight

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

Yes No Unsure

4. To what extent is the applicant engaged in the activities of your church? Please check one.

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

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

6. What do 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:

Use Tobacco? ___ Yes ___ No **Drink?** ___ Yes ___ No **Use Illegal Drugs?** ___ Yes ___ No

9. Please describe home factors which might affect the applicant's success at ACC School of Supernatural Ministry.

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 1 Above Average 2 Average 3 Below Average 4 Poor 5
No Chance to Observe 6

Response to authority: 1 2 3 4 5 6

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 print or type the information below.

Your Name: _____ Phone: () _____

Name of church and denomination: _____

Pastoral Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please return this to:

Athens Christian Center School of Supernatural Ministry (ACCSSM) – PO Box 142 - Athens, MI 49011
(269) 729-5685