

Personal Recommendation

Convergence School of Supernatural Ministry

To the Applicant: Each applicant applying is required to submit TWO personal recommendations for review by the Admissions Committee. Fill in this 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 Convergence 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 bottom).

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 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 (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)?

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

7. Weaknesses? _____

8. To your knowledge, does the applicant:

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

9. 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

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
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

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: () _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please complete and mail to:
Convergence School of Supernatural Ministry - 5745 James Avenue, Fort Worth, TX 76134
(817) 293-5050