TASMALUM ESPIRITU SANTO
VANUATU

Color Passport Photo

Place Here

(Photo required for processing)

PASTORAL RECOMMENDATION

Name of Applicant

Last First Middle

Please read before distributing form. I understand this confidential statement is being submitted directly to the Admissions Office with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement submitted on this from.

Applicant's Signature: Date:

Dear Pastor:
Each International Applicant for admission to RHEMA South Pacific must submit a recommendation. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. Since we request a candid evaluation, we will hold your comments in strictest confidence. Therefore we ask that this completed form not be given to the applicant but that you personally return this form directly to Rhema Bible Training Center South Pacific.

PLEASE MAIL TO : **Rhema South Pacific Admissions**
P. O. Box 3045
Apia
Samoa

1. **How long have you known the applicant?** _____ year(s) _____ month(s)

2. **Has your relationship been:** ☐ Intense ☐ Very Close ☐ Close ☐ Casual ☐ Intermittent ☐ Distant ☐ Other: _____

3. **Please Evaluate His/Her Personal Character**

	Excellent	Good	Fair	Poor	Unknown
Honesty	☐	☐	☐	☐	☐
Financial responsibility	☐	☐	☐	☐	☐
Dependability	☐	☐	☐	☐	☐
Cooperative	☐	☐	☐	☐	☐
Academic ability	☐	☐	☐	☐	☐
Ability to lead others	☐	☐	☐	☐	☐
Personal Cleanliness	☐	☐	☐	☐	☐
Consideration for others	☐	☐	☐	☐	☐
Moral Character	☐	☐	☐	☐	☐
Acceptance of instruction and or discipline	☐	☐	☐	☐	☐

4. **How industrious is He/She as a student or worker?**
☐ Usually conscientious, hard worker
☐ Works harder than most students/ workers
☐ Does about as much work as most other people
☐ Works less than most others
☐ Very lazy ☐ Has no basis for judgement
Comments:

5. Please list attributes which best describe the applicants attitude towards the church and its activities.

6. **From personal knowledge of this individual, would do?**
   - ☐ Highly recommend Him/Her as a qualified candidate for ministerial training.
   - ☐ Recommend Him/Her as a qualified candidate for ministerial training.
   - ☐ Highly recommend Him/Her with slight reservations as a candidate for ministerial training.
   - ☐ Hesitate in recommending Him/Her for ministerial training.
   - ☐ Be unable to recommend Him/Her as qualified candidate for ministerial training.

   If you checked any of the last three, please explain:

   _____

   _____

7. **Emotional evaluation:** ☐ Very Stable ☐ Stable ☐ Unstable ☐ Very unstable
8. **Does the applicant respond well to authority?** ☐ Yes ☐ No
9. **The applicant's spiritual influence on others is:** ☐ Positive ☐ Neutral ☐ Negative
10. **Have you ever known the applicant to engage in questionable moral conduct?** ☐ Yes ☐ No

    If so, please explain

    _____

    _____

11. **Have you noted physical weakness or emotional problems that would hinder the applicant in an academic environment?**

    _____

    _____

12. **To your knowledge, does the applicant:** ☐ Use tobacco plants ☐ Drink alcholic beverages ☐ Use illegal drugs

    Comments:

    _____

    _____

13. **What do you consider the applicants strong points? (Include negative personal traits)**

    _____

    _____

14. **What do you consider the applicants weak points? (Include negative personal traits)**

    _____

    _____

15. **Please share with us any information that would help in our evaluation**

    _____

    _____

16. **Is your church sponsoring this student?** ☐ YES ☐ NO ☐ Full ☐ Part (State amount) $_____

PLEASE PRINT

Your Name: _____ Your age: ☐ 18-25 ☐ 26-35 ☐ 36-50 ☐ 51 &over

Your Phone Number: _____ Are you ☐ Licensed ☐ Ordained

Address: _____ Organization: _____

City: _____ Country: _____ Zip: _____

Position: _____

SIGNATURE: _____ **DATE:** _____