



SOUTH PACIFIC

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 form.

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 alcoholic 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:** _____