



## PASTORAL RECOMMENDATION FORM

Name of Applicant: \_\_\_\_\_  
Last First

TO THE APPLICANT: This reference form should be completed by your Pastor or Minister. If you are related to the Pastor, please refer the form to another Pastor within the staff. If a person other than your Pastor completes the form, an explanation should be provided.

Under the Family Educational Rights and Privacy Act, students enrolled at SOM have the right to inspect their files upon request. In order for the person from whom you have requested this letter of reference to know if you will have access to this letter or if it will be held in confidence, please sign one of the statements below. Waiving your right to see this letter is not a requirement for admission.

Please check only one of the options below and sign and date your option.

- I understand that students enrolled in SOM have the right to inspect their file upon request under the Family Educational Rights and Privacy Act. I, however, hereby DO WAIVE my right of access to this letter of reference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- I DO NOT WAIVE my right of access to the letter of reference.

Signature \_\_\_\_\_ Date \_\_\_\_\_

TO THE PASTOR: The above named is applying for admission to the School of Ministry. Serious considerations will be given to your comments; therefore, we ask you to complete this form thoughtfully and prayerfully not only for the benefit of the applicant but also for fellow students and staff. This reference will be kept in confidence. Thanks you for your assistance.

TO BE COMPLETED BY THE PASTOR:

1. How long have you known the applicant? How well do you know him/her?

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2. Please describe the applicant's level of involvement in your church.

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3. What is the applicant's effect on his/her peers?

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5. The SOM program consists of a rigorous weekly schedule. Do you foresee difficulties for the applicant with a schedule combining high expectations and extensive time commitments?

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6. What is your assessment of the applicant's ability to handle situations involving change, crisis, and correction?

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7. From your observation, what are the strengths and spiritual gifts of the applicant?

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8. From your observation, what are the applicant's weaknesses and struggles?

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9. Are you aware of any complex family or relational factors that might affect the applicant's season in SOM?

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10. Please assess the applicant's abilities in each the following areas to the best of your knowledge (1=weak, 3=moderate, 5=very strong).

	1	2	3	4	5
<b>PHYSICAL CAPABILITIES</b>					
Ability to function capably under the rigors of a busy and active schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RELATIONSHIPS</b>					
Ability to communicate and work well with leadership & peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well and initiate relationships with new people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to maintain healthy relationships with the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with and care for people who are different from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SKILLS AND WORK HABITS</b>					
Ability to adapt to fluid situations and potential change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is self-motivated, requiring little supervision to complete an assigned task.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work effectively as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to show respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPIRITUAL / PERSONAL MATURITY</b>					
Conveys an open and teachable spirit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lives a Christ-centered lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal lifestyle is consistent with Christian standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has generally high self esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays high moral and ethical standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serves in accordance with towel card values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intentional in growing forward spiritually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to overcome ungodly influences, habits etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Would you have the applicant on your staff? \_\_\_\_\_ Why or why not?

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12. Do you recommend this applicant for SOM? \_\_\_\_\_

\*Please explain:

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Additional comments

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Signature \_\_\_\_\_

Date \_\_\_\_\_