

# Personal Recommendation

Bethel School of Supernatural Ministry - Chicagoland

**To the Applicant:** Each applicant applying is required to submit TWO personal recommendations for review by the Admissions Committee. Fill in the date, your name and address in the section below.

<b>NOTE: This section to be completed by Applicant</b>	
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 Bethel 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 your knowledge, does the applicant:

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

5. In what form of Christian service has the applicant participated regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)?

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

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7. Weaknesses? \_\_\_\_\_

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8. 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

9. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
<b>Christian Commitment:</b>	1	2	3	4	5	6
<b>Social Adaptability:</b>	1	2	3	4	5	6
<b>Cooperativeness:</b>	1	2	3	4	5	6
<b>Integrity and Honesty:</b>	1	2	3	4	5	6
<b>Responsibility:</b>	1	2	3	4	5	6
<b>Mental Ability:</b>	1	2	3	4	5	6
<b>Physical Health:</b>	1	2	3	4	5	6
<b>Initiative:</b>	1	2	3	4	5	6
<b>Christian Character:</b>	1	2	3	4	5	6
<b>Emotional Stability:</b>	1	2	3	4	5	6
<b>Personal Appearance:</b>	1	2	3	4	5	6
<b>Leadership:</b>	1	2	3	4	5	6
<b>Reliability:</b>	1	2	3	4	5	6

10. **RECOMMENDATION:** I would  Highly Recommend  Recommend  Not Recommend this student.

Please print or type the information below.

Your Name: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Please return to:

Bethel School of Supernatural Ministry - Chicagoland | 552 Morthland Dr. | Valparaiso, IN 46385  
(219) 462-2211 | fax (219) 531-5832