



## Pastor's Recommendation

**To the APPLICANT:** This recommendation should be completed by your pastor and mailed directly by him to the school office. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

**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 PASTOR:** The above named is applying for admission to Clearwater School of the 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.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

2. How well do you know him/her? *Please check one.*

Very close, pastoral relationship       Fairly well, numerous personal contacts  
 Casually, few personal contacts       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? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

7. Do you know of any weaknesses of which we should be aware? \_\_\_\_\_

\_\_\_\_\_

8. To your knowledge, does the applicant:

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



9. Please describe home factors which might affect the applicant's success at Clearwater School of Supernatural Ministry.

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10. The applicant's influence on his/her peers is \_\_\_\_ Positive \_\_\_\_ Neutral \_\_\_\_ Negative

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

	<u>Excellent</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Poor</u>	<u>No chance to Observe</u>
<b>Response to authority</b>	1	2	3	4	5	6
<b>Reliability:</b> dependability, responsibility	1	2	3	4	5	6
<b>Maturity:</b> personal development, ability to cope with life situations	1	2	3	4	5	6
<b>Emotional stability:</b> reaction to stress, poise, mood stability	1	2	3	4	5	6
<b>Motivation:</b> genuineness and depth of commitment	1	2	3	4	5	6
<b>Judgment:</b> ability to analyze a problem	1	2	3	4	5	6
<b>Oral expression:</b> clarity, coherence	1	2	3	4	5	6
<b>Interpersonal relations:</b> rapport, cooperation, attitudes toward supervision	1	2	3	4	5	6
<b>Empathy:</b> sensitivity to the needs of others	1	2	3	4	5	6
<b>Work habits:</b> stamina, conscientiousness, perseverance, resourcefulness, initiative	1	2	3	4	5	6
<b>Leadership:</b> creative thought, curiosity, self-confidence	1	2	3	4	5	6
<b>Personal appearance:</b> cleanliness, grooming	1	2	3	4	5	6
<b>Integrity:</b> honesty, moral character	1	2	3	4	5	6

12. Please added any further comments you may have which would help in our evaluation. \_\_\_\_\_

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**Please print or type the information below.**

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

Name of church and denomination: \_\_\_\_\_

Pastoral Position: \_\_\_\_\_

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

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

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

*Please return completed form to:*

**Clearwater School of Supernatural Ministry - 1739 S MLK Jr Ave., Clearwater FL 33756**

**(727) 585-5468 ~ (727) 581-0672**