



Personal Recommendation

REVISED 04/27/11

To the Applicant: TWO personal recommendations are required for review by the WMC Admissions Committee. Fill in your information in the section below.

NOTE: This section to be completed by Applicant			
Applicant's Name: _____			
Date: _____			
Day Phone: _____		Evening Phone: _____	
Address: _____ _____			
City: _____	State: _____	Postal Code: _____	Country: _____
Country of Citizenship: _____			

To the person completing this recommendation: The above applicant is applying for admission to Wellspring Ministry College. 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 well
- 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, Worship Team, Outreach/Evangelism, etc.)?

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

7. Weaknesses? _____

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
Christian Commitment	1	2	3	4	5	6
Social Adaptability	1	2	3	4	5	6
Cooperativeness	1	2	3	4	5	6
Integrity and Honesty	1	2	3	4	5	6
Responsibility	1	2	3	4	5	6
Mental Ability	1	2	3	4	5	6
Physical Health	1	2	3	4	5	6
Initiative	1	2	3	4	5	6
Christian Character	1	2	3	4	5	6
Emotional Stability	1	2	3	4	5	6
Personal Appearance	1	2	3	4	5	6
Leadership	1	2	3	4	5	6
Reliability	1	2	3	4	5	6

Please print or type the information below.

Your Name: _____ Phone: _____

Address: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Signature: _____ Date: _____

Please return this form by mail or fax to:

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www.akwellspring.com/school/wmc