Life Transforming Ministries,
10303 Crown Point Avenue,
Omaha, Nebraska 68134
admin@lifetministries.org

PASTORAL RECOMMENDATION

Applicant's Name: Last *First* *Middle*

I understand this confidential statement is being sent to the Admissions Office of LTM with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement on this form.

Applicant's Signature _____ *Date* _____

Each applicant for admission to LTM must submit a recommendation from his/her Pastor. 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 LTM at the address shown above.

1. **How long have you known the applicant?** _____ year(s) _____ month(s)

2. **Has your relationship been:** ❑Very Close ❑Close ❑Casual ❑Intermittent ❑Distant ❑Other

_____

3. **What has been the nature of your acquaintance? Were you...**

Church: ❑ Pastor ❑ Assoc. Pastor
❑ Co-worker ❑ Employer

Social: ❑ Neighbor ❑ Personal Friend

Evaluate Applicant's Character	**Excellent**	**Good**	**Fair**	**Poor**	**Unknown**
Honesty					
Financial Responsibility					
Dependability					
Co-operativeness					
Academic ability					
Ability to work with others					
Ability to lead others					

Personal cleanliness					
Consideration for others					
Moral character					
Acceptance of instruction and/or discipline					

4. How industrious is the applicant as a student or worker?

❑Usually conscientious, hard worker ❑Works harder than most
❑Does about as much work as most others ❑Works less than most others
❑Very lazy ❑Have no basis for judgment

Comments:

_____

_____

5. Please list attributes which best describe the applicant's attitude toward the church and its activities.

_____

6. From your personal knowledge of the applicant would you:

❑ Highly recommend as a qualified candidate for ministerial training.

❑ Recommend as a qualified candidate for ministerial training.

❑ Hesitate in recommending the applicant for ministerial training.

❑ Be unable to recommend as a qualified candidate for ministerial training.

(If you check any of the last three categories, 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 yes, please explain.

_____

_____

11. Have you noted physical weakness or emotional problems that would hinder the applicant in an academic environment? ❑Yes ❑No
If yes, please explain.

_____

_____

12.To your knowledge does the applicant:

❑Use tobacco products ❑Drink alcoholic beverages ❑Use illegal drugs

Comments: _____

13.What do you consider the applicant's strong points? (Include positive personal traits)

_____

_____

14. What do you consider the applicant's weak points? (Include negative personal traits)

_____

_____

15. Please share with us any information that would help in our evaluation. This information could cover recent experiences or incidents in the applicant's life or even a general personal appraisal.

_____

_____

_____

_____

Your Name _____ Telephone ( )_____

Address _____ City _____ Prov/State_____

Code/Zip_____ Email _____Position _____

Are you ❑ Licensed? ❑ Ordained?

Organization: _____