AMBASSADORS FOR CHRIST BIBLE SCHOOL

P.O. Box 331 Stn B
Toronto, ON, Canada M9W 5L3
TEL (416) 745-3272

PERSONAL RECOMMENDATION

Applicant's Name: Last First Middle

Please read before distributing form. I understand this confidential statement is being submitted directly to the Admisisons Office of AMBASSADORS FOR CHRIST BIBLE SCHOOL (ACBS) 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. I AM APPLYING FOR ❑ FIRST YEAR ❑ SECOND YEAR

Applicant's Signature _____ Date _____

Each applicant for admission to ACBS must submit a recommendation. 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 ACBS at the address shown above.

1. How long have you known the applicant? _____ year(s) _____ month(s)
2. Has your relationship been: ❑ Intense ❑ Very Close ❑ Close ❑ Casual
   ❑ Intermittent ❑ Distant ❑ Other _____
3. What has been the nature of your acquaintance? Were you...
   Church: ❑ Pastor ❑ Sunday School Teacher ❑ Choir Director
   ❑ Co-Worker ❑ Fellow Member ❑ Other _____
   Business: ❑ Employer ❑ Supervisor ❑ Co-Worker
   ❑ Subordinate
   School: ❑ Principal ❑ Teacher ❑ Fellow Student

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					

Please turn over

4. How industrious is the applicant as a student or worker?
   - ❑ Usually conscientious, hard worker
   - ❑ Works harder than most students/workers
   - ❑ 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 the applicant as a qualified candidate for ministerial training.
   - ❑ Recommend the applicant as a qualified candidate for ministerial training.
   - ❑ Highly recommend the applicant with slight reservations as a candidate for ministerial training.
   - ❑ Hesitate in recommending the applicant for ministerial training.
   - ❑ Be unable to recommend the applicant 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 so, please explain. _____
_____

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

_____
_____

Signature _____ Date _____
Your Name (print) _____ Telephone _____
Address _____ City _____ Pr._____ Code _____
Position _____ Age ❑ 18-25 ❑ 26-35 ❑ 36-50 ❑ 51 & over
Are you ❑ Licensed? ❑ Ordained? Organization _____

PLEASE RETURN THIS FORM DIRECTLY TO ACBS - AS SOON AS POSSIBLE