

Saint Thomas Christian College

Ministerial Recommendation Form (Required For Certificate of Ministry Program)

To the Applicant

Complete the following items and forward this form to the individual who will provide your reference.

Applicant's Name _____
Last First Middle Former/Other(if Applicable)

Address _____
Number and Street

_____ City State and County Zip/Postal Code

Social Security Number --

Application Deadline _____

Program

Certificate Ministry Certificate of Biblical Studies

I hereby release Saint Thomas Christian College and it's agents and employees from liability in connection with investigating and Evaluating my application. I further release from liability all parties providing information in good faith concerning my qualifications in connection with my application.

Applicant's Signature _____ Date _____

To the person Completing this Form

The person named above is applying for admission to a Certificate Program at Saint Thomas Christian College. The admission committee finds candid evaluations helpful in choosing from among highly qualified candidates.

Notice about confidentiality: Under Public Law 93-380, the Family Educational Right and Privacy Act, applicants for admission do not have access to their records unless and until they enroll at Saint Thomas Christian College. To ensure confidentiality of information within the spirit of the law, the institute will use this form for the purpose of admission only. Your comments are valuable. The appraisal of the applicant will greatly assist the Admission Committee in reaching a decision in his/her best interest.

When you complete this recommendation form, please place the form and any additional pages in an envelope with your letterhead on it **Sign your name across the sealed flap** of the envelope and return it to the student who will submit all of his/her application materials is August 1 for fall and December 1 for spring and June 1 for summer. Please keep these deadlines in mind when completing the recommendation.

Name _____
DR./MR./MRS./MS.

Title/Position _____

Church/Ministry _____

Address _____
Number and Street

_____ City State and County Zip/Postal Code

Telephone Number _____

Background Information

How long and how well have you known the applicant and in what capacity? _____

Please add any additional comments on a separate sheet to describe the applicant's qualifications, traits or accomplishments that demonstrate his/her ability to complete ministry studies and assume a leadership role in a ministry related profession.

Ratings

Based on your observations of the applicant as compared to others seeking a life of ministry, please indicate the most appropriate descriptors of the applicant's performance and promise as a ministry student in the area specified. If you feel unable to evaluate the applicant in area indicate that making "No Basis for Judgment"

Ministry Program Qualification Characteristics (please check appropriate box)

- | | | | | | |
|------------------------------|-------------------------------|----------------------------------|-------------------------------|--------------------------------------|--|
| 1. Academic Ability | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 2. General Knowledge | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 3. Oral Expression Skills | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 4. Written Expression Skills | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 5. Spiritual Devotion | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 6. Social Awareness | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 7. Emotional Maturity | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 8. Desire to Achieve | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 9. Ability to work | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 10. Leadership Skills | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 11. Persuasive Ability | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 12. Independence & Inv. | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 13. Professional Commitment | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 14. Sincerity | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 15. Potential for Success | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 16. Willingness to Learn | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |
| 17. Common Sense | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding | <input type="checkbox"/> No Basis for Judgment |

When this person completes his/her training, I would feel comfortable having him /her as a colleague in ministry.

- Exceptionally True Very True True Somewhat True Not true at all

Please indicate the confidence with which you would or would not recommend the applicant for admission to the Certificate of Ministry Program of Saint Thomas Christian College

Strongly Recommend Recommend Recommend with Reservation Do not Recommend

Signature _____ Date _____