

**SECOND-YEAR PROGRAM
PERSONAL RECOMMENDATION**

RHEMA BIBLE TRAINING CENTER

P.O. Box 50126 • TULSA, OK 74150-0126

Name of Applicant

LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____

PLEASE READ BEFORE DISTRIBUTING FORM. I understand that this confidential statement is being submitted directly to the Admissions Office with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.



IMPORTANT: This form must be returned to our office **NO LATER THAN August 15th**. The deadline for international applications is **July 1st**.

Applicant's Signature _____ Date _____

Each applicant for admission to RHEMA 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 in the enclosed envelope directly to RHEMA Bible Training Center.

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
 SOCIAL: Friend of the family Personal friend Neighbor Other _____

4. Please evaluate his/her personal character.

	Excellent	Good	Fair	Poor	Unknown
Honesty					
Financial responsibility					
Dependability					
Cooperativeness					
Academic ability					
Ability to work with others					
Ability to lead others					
Personal cleanliness					
Consideration for others					
Moral character					
Acceptance of instruction and/or discipline					

5. How industrious is he/she as a student or worker?

- | | |
|---|--|
| <input type="checkbox"/> Usually conscientious, hard worker | <input type="checkbox"/> Works harder than most students/workers |
| <input type="checkbox"/> Does about as much work as most other people | <input type="checkbox"/> Works less than most others |
| <input type="checkbox"/> Very lazy | <input type="checkbox"/> Have no basis for judgment |

Comments _____

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

7. Is the applicant prompt in paying his/her bills? Yes No

Comments _____

(Please complete reverse side)

(over)

8. From personal knowledge of this individual, would you?

- Highly recommend him/her as a qualified candidate for ministerial training.
- Recommend him/her as a qualified candidate for ministerial training.
- Recommend him/her with slight reservations as a candidate for ministerial training.
- Hesitate in recommending him/her for ministerial training.
- Be unable to honestly recommend him/her as a qualified candidate for ministerial training.

(If you checked any of the last three, please explain.) _____

9. Emotional Evaluation: Very Stable Stable Unstable Very Unstable

10. Does the applicant respond well to authority? Yes No — Please explain further in #18.

11. The applicant's spiritual influence on others is: Positive Neutral Negative

12. With what sort of companions does he/she usually associate?

13. Have you ever known the applicant to engage in questionable moral conduct? Yes No
 If so, please explain. _____

14. Please describe the applicant's home life and/or marriage.

15. Have you noted physical weakness or emotional problems that would hinder the applicant in an intense academic environment? _____

16. To your knowledge, does the applicant: Use tobacco products Drink alcoholic beverages Use illegal drugs
 Comments: _____

17. What do you consider the applicant's strong points to be?

18. What do you consider the applicant's weak points to be?

19. Please share with us any information you may have about the applicant that would help in our evaluation.
 This information could cover recent experiences or incidents in the applicant's life, or even a general personality appraisal.

20. To your knowledge, has the applicant ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation? If yes, please explain. _____

21. To your knowledge, has the applicant ever been accused, questioned, or investigated for spousal abuse? If yes, please explain. _____

PRINT	Signature _____	Date _____
Your Name _____	Your Age <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 51 & over	
Your Phone Number _____	Are you a RHEMA graduate? _____ Year _____	
Address _____	Are you <input type="checkbox"/> Licensed? <input type="checkbox"/> Ordained?	
City _____ State _____ Zip _____	Organization _____	
Position _____		

(If applicable)

**SECOND-YEAR PROGRAM
PASTOR'S RECOMMENDATION**

RHEMA BIBLE TRAINING CENTER

P.O. Box 50126 • TULSA, OK 74150-0126

Name of Applicant

LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____



PLEASE READ BEFORE DISTRIBUTING FORM. This form should be completed by your pastor (or associate pastor if church is over 500 people) and returned by him directly to the Office of Admissions. **If your father or a close relative is your pastor, please refer the form to the assistant pastor or a lay leader in your church.** If a person other than your pastor (or assistant pastor) completes the form, an explanation should be provided.

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

IMPORTANT: This form must be returned to our office **NO LATER THAN August 15th.** The deadline for international applications is **July 1st.**

Applicant's Signature _____ Date _____

Each applicant for admission to RHEMA 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 in the enclosed envelope directly to RHEMA Bible Training Center.

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. Please check the area of his/her involvement in the church:
 Usher Music Teacher
 Children Sound Prayer Room
 Other, please specify _____

4. Please evaluate his/her personal character.

	Excellent	Good	Fair	Poor	Unknown
Honesty					
Financial responsibility					
Dependability					
Cooperativeness					
Academic ability					
Ability to work with others					
Ability to lead others					
Personal cleanliness					
Consideration for others					
Moral character					
Acceptance of instruction and/or discipline					

5. How industrious is he/she as a student or worker?

- | | |
|---|--|
| <input type="checkbox"/> Usually conscientious, hard worker | <input type="checkbox"/> Works harder than most students/workers |
| <input type="checkbox"/> Does about as much work as most other people | <input type="checkbox"/> Works less than most others |
| <input type="checkbox"/> Very lazy | <input type="checkbox"/> Have no basis for judgment |

Comments _____

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

7. Is the applicant prompt in paying his/her bills? Yes No

Comments _____

(Please complete reverse side)

(over)

8. From personal knowledge of the individual, would you?

- Highly recommend him/her as a qualified candidate for ministerial training.
- Recommend him/her as a qualified candidate for ministerial training.
- Recommend him/her with slight reservations as a candidate for ministerial training.
- Hesitate in recommending him/her for ministerial training.
- Be unable to honestly recommend him/her as a qualified candidate for ministerial training.

(If you checked any of the last three, please explain.) _____

9. Emotional Evaluation: Very Stable Stable Unstable Very Unstable

10. Does the applicant respond well to authority? Yes No* *Please explain further in #18.

11. The applicant's spiritual influence on others is: Positive Neutral Negative

12. With what sort of companions does he/she usually associate? _____

13. Have you ever known the applicant to engage in questionable moral conduct? Yes No
 If so, please explain. _____

14. Please describe the applicant's home life and/or marriage. _____

15. Have you noted physical weakness or emotional problems that would hinder the applicant in an intense academic environment? _____

16. To your knowledge, does the applicant: Use tobacco products Drink alcoholic beverages Use illegal drugs
 Comments: _____

17. What do you consider the applicant's strong points to be? _____

18. What do you consider the applicant's weak points to be? _____

19. Please share with us any information you may have about the applicant that would help in our evaluation.
 This information could cover recent experiences or incidents in the applicant's life, or even a general personality appraisal.

20. Is your church sponsoring this applicant? Yes No Full Part (state amount) \$ _____

21. How much individual attention and/or counseling does the applicant need to maintain a victorious Christian walk?

- Applicant seems to need much individualized attention and counseling.
- Applicant seems to need a moderate amount of individualized attention and counseling.
- Applicant seems to maintain victory from his/her own devotional life and from ministry received in church services.

If you checked one of the first two boxes, please specify the area of need:

22. To your knowledge, has the applicant ever been accused, questioned, or investigated for child abuse, child neglect, or child molestation? If yes, please explain. _____

23. To your knowledge, has the applicant ever been accused, questioned, or investigated for spousal abuse? If yes, please explain. _____

PRINT	Signature _____	Date _____
Your Name _____	Your Age <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-50 <input type="checkbox"/> 51 & over	
Your Phone Number _____	Are you a RHEMA graduate? _____ Year _____	
Address _____	Are you <input type="checkbox"/> Licensed? <input type="checkbox"/> Ordained?	
City _____ State _____ Zip _____	Organization _____	
Position _____		