

Personal Recommendation

North Coast School of Supernatural Ministry

Note: This section to be completed by Applicant

To the Applicant: Each applicant is required to submit TWO personal recommendations for review by the Admissions Team. Fill in the date, your name and address in this section.

Date: _____

Phone – Day: () _____ Phone – Evening: () _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Country of Citizenship: _____

TO THE PERSON COMPLETING THIS RECOMMENDATION: The above applicant named is applying for admission to North Coast School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this manner 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? _____ Relation to applicant ? _____

2. How well you do know him/her? Please check one.

- _____ Very close
_____ Fairly well
_____ Casually
_____ By name/sight

3. To your knowledge, has the applicant make 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, etc.)? _____

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

7. Weaknesses? _____

8. Which characteristics best describe the applicant? Please check all the 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 Observation
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: () _____

Name of church and denomination: _____

Pastoral Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please return this to:



NORTH COAST
School of Supernatural Ministry

4125 Leavitt Road Lorain, OH 44053

Phone – 440-960-1100

Fax – 440-960-2860

Email - info@cnclove.org