



## PASTOR'S RECOMMENDATION

To be completed by the Pastor and returned.

Please print clearly.

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicants Address: \_\_\_\_\_

\_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know the applicant? (Tick one)
  - a) \_\_\_\_\_ Just by name
  - b) \_\_\_\_\_ Casually – few personal contacts
  - c) \_\_\_\_\_ Fairly well – have had a number of personal contacts
  - d) \_\_\_\_\_ We have a very close pastor – personal relationship
3. To the best of your knowledge, has the applicant made a personal commitment to Jesus Christ?  
(Tick one) \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Don't know.

4. In what forms of Christian service has the applicant been regularly involved?

\_\_\_\_\_

5. To what extend has the applicant been engaged in the activities of your church?

\_\_\_\_\_

6. In comparison to other people you know, rate the applicant in the following:

	Above Average	Average	Below Average
LEADERSHIP			
RESPONSIBILITY			
LOYALTY TO FELLOWSHIP			

7. Has the applicant's entire record been such that you would place full confidence in his/her integrity?  
(Tick one) \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Unsure

Comment: \_\_\_\_\_

8. Does the applicant smoke? \_\_\_\_\_ Use Alcohol \_\_\_\_\_ Use Drugs \_\_\_\_\_
9. Are there any personal traits, which might hinder this applicant's relationship with others?  
\_\_\_\_\_
10. Please describe some of the factors, which might affect the applicant's success at William Carey School?  
We are interested in positive as well as negative. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. To your knowledge, has the applicant ever been denied admission to or been expelled from any other college or Bible School? (Tick one) \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, state reason: \_\_\_\_\_  
\_\_\_\_\_
12. How do you recommend this applicants acceptance to this training institution? (Tick one)
- a) \_\_\_\_\_ I Strongly Recommended
  - b) \_\_\_\_\_ I happily Recommended
  - c) \_\_\_\_\_ I Cautiously Recommended by Grace
  - d) \_\_\_\_\_ I Do Not Recommend
13. Does your church support this recommendation with? (Tick one)
- a) \_\_\_\_\_ Spiritual/ Prayer support
  - b) \_\_\_\_\_ Financial Support
14. Any final comments: \_\_\_\_\_  
\_\_\_\_\_

**NB. Do you believe this applicant understands the information presented in the "Prospective Students Information" leaflet enclosed in his/her applicant packet?** \_\_\_\_\_ Yes \_\_\_\_\_ I don't know \_\_\_\_\_ No

Please print details below:

Name: \_\_\_\_\_ Date \_\_\_\_\_

Name of Church: \_\_\_\_\_

Position held in the church: \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Signature

Church Stamp

(Kindly email this recommendation directly to [admin@williamcareyschool.com](mailto:admin@williamcareyschool.com) or WhatsApp +27615124874)