



## THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name								
Name		First	Middle					
SSN								
City	State	Zip	Country					
Home Phone		Cell Pho	ne					
l waive my right to mendation shall rer	see this and other nain confidential.	reference forn	ns and I agree that this recom-					
Signature	nature Date							

#### **IMPORTANT NOTE!**

**To the Individual Completing This Form:** If the applicant has not signed the waiver above, it is possible that the recommendation may be seen by the applicant if he or she is accepted and enrolls as an intern. If the waiver is signed, the reference will remain confidential.

#### To the Minister:

The student named on this form has made application for admission to Applied Life Leaders Academy. We feel it necessary to have your personal guidance and counsel before accepting the applicant. We ask that you respond with as much specific information as you feel comfortable providing about the applicant. Please discuss home life, significant experiences, etc., that would be beneficial in our interview with them. If there is information concerning this person that you would prefer to discuss personally, please check the space provided and I will make arrangements to discuss the matter by phone.

The reference is of utmost importance, so should you need more space please attach an additional sheet.

We know that your schedule is busy; please mail this to us as quickly as possible, as the applicant's consideration for acceptance will be pending until we receive this form from you. You can also email the completed form to admissions@appliedlife.com.

Sincerely,
Paul Kern
Administrator
Applied Life Leaders Academy

## **Return This Completed Form To:**

Applied Life Leaders Academy P.O. Box 8500 Hot Springs, AR 71910

Phone: 501-624-1952

# MINISTER'S RECOMMENDATION



## THIS SECTION TO BE COMPLETED BY THE MINISTER

Minister's Name												
Address												
CityS								(	Coun	try		
Phone												
Church Name and Denominati	on											
Phone E												
What is your relationship to the	e applicant?	?										
How long have you known the	applicant?	?										
How well do you know the app	olicant? □\	۷ery ۱	Well	□We	:II 🗆	Casua	ally					
To your knowledge does the a	pplicant											
☐ Smoke ☐ Drink Alcoholic Be	everages [	Use	Illeg	al Dru	ıgs [	Nor	ne of 1	hese				
How would you describe the a	pplicant's c	hurc	h rela	ations	hip a	nd Ch	nristia	n con	nmitr	ment:	?	
(circle as many as necessary)												
Sympathetic E	nthusiastic		٦	Гоlerа	nt			Warn	n Hea	rted		
Respectful C	Critical Passive							Very '	Well			
What do you consider to be th	e applicant	's stre	ength	าร?								II = m K
·												
Describe the applicant's outlo	ok on life (i.	e., life	estyle	s, val	ues, a	ittitud	des, e	tc.,)				
							-					10000
Discuss areas concerning whic	h the applic	cant r	might	t need	d spe	cial at	tentio	on				
How do you evaluate the appl	icant's willi	ngne	ss to	chan	ge? _		-					
							## ##	2222			-1	
How do you consider the appli	cant's willir	ngnes	ss to s	ubmi	it to a	utho	rity?_		10.00		Á	
					VIII							
How would you rate the applic	ant in the a	areas	listed	d belo	w? (c	heck	appr	opriat	tely)			
	Highe	st		A CHILL	toma	000m			L	owest		
F 16.	10	9	8	7	6	5	4	3	2	1		
Emotional Sta Peer Relatio						0000			19	10		
Spiritual Ma	·   —		100 All			BU 12				10 10		
Moral Into	· · ·		# 3.E							2.00		
Intellig	· ·					0.10				Ta m		
Social Reac				100						100	•	
As the referent I recommend t	ne applican	nt	Bir	_ Witl	hout	Reser	vatio	n 🗆	Stror	ngly	☐ With I	Reservatio
☐ Not Recommended ☐ I Pre						se Ca						
		50					EEE					E - 11
Signed				_ C	hurch	1	EEEa				1	