LAWNDALE SUMMER MEDICAL PROJECT RECOMMENDATION FORM



Two standardized reference letters must accompany your application. One reference letter should be from a dean or other current faculty member and the second reference letter should be from a pastor or other leader who can testify to your spiritual character. Reference letters must be postmarked by March 16, 2016.

PART I: TO BE COMPLETED BY APPLICANT

Date of Birth:					
Name:					Middle
La	st		First	First	
Address:Nı	umber & Street		City		Zip Code
	VER OF RIGHT TO	ACCESS CON			TEMENT:I hereby voluntarily n confidential.
Applicant's Signat	ture				Date
PART II: TO BE C Circle:	COMPLETED B	Y RECOMN	IENDER		
1. In what capacity	have you known t	he applicant?			
Pastor	Professor	Other			
2. How many years	have you known	the applicant?			
0-1	2-3	4-5	5-6	7-8	9 or more
Check on Scale:					
3. How well do you	know the applica	nt?			
Very well			Fairly well		Casually
5	4		3	2	1
4. To what extent is	the applicant eng	aged in the act	tivities of your inst	itution?	
Enthusiastical	Enthusiastically participates		Cooperative and participates		Usually participates
5	4		3	2	1
5 In social relations	ships, the applicar	it is:			
e. In social relation					
Sought out			Well received 3		Tolerated

Positive]	Neutral		Negative
5	4	3	2	1

7. In your opinion, does this student possess any outstanding abilities, academic rigor (GPA), or spiritual qualities? Please describe:

8. Please list any leadership positions or significant roles the applicant has held with your institution.

9. The mission of Lawndale Christian Health Center is to show and share the love of Jesus Christ to the Lawndale and Garfield communities by providing wholistic, affordable and quality health care. To your knowledge, does the applicant have any attitudes or behaviors that are inconsistent such as: dishonesty, abuse of alcohol or illegal drugs, or inappropriate internet usage)? Please comment:

10. Please describe personal, home and, or family factors which might affect the applicant's success at Lawndale Christian Health Center.

Please rate this student in the following areas, compared to his/her peers:					
	High	Average	Low	Comments	
Cooperation					
Leadership					
Reliability					
Motivation					
Disposition					
Emotional Stability					
Concern for Others					
Social Maturity					
Spiritual Maturity					

Please rate this student in the following areas, compared to his/her peers:

Please make further comments that will help us evaluate this student's application. We welcome any information that will help us differentiate him or her from others. If additional space is required, please attach another sheet.

Highly Recommended	Recommended	□ Prefer not to make recommendation	□ Not recommended
Name		Position	
Church/Organization		Telephone Number	
Address			
Signature		Date	

Thank you for completing this Recommendation Form. Please keep a copy for your records. Be sure that all questions are completed and return to the applicant in a sealed envelope.