

# PASTORAL RECOMMENDATION



**TO THE PASTOR:** Please complete this recommendation for the applicant applying for admission to Christ For The Nations Institute. Serious consideration will be given to your comments. Thank you for your assistance.

**NOTE:** This form cannot be completed by relative of applicant. Please refer applicant to Application Checklist for details.

## PASTOR'S INFORMATION BELOW:

Pastor's Last Name:		First Name:	
Email:	Denomination:	Phone:	
Name of Church:		Title:	
Address:	City /State/Providence:	Zip Code:	

1. How long have you known the applicant? (mm/yy)	In what capacity?
2. How well do you know him/her? <input type="checkbox"/> Very well, pastoral relationship <input type="checkbox"/> Fairly well, numerous personal contacts <input type="checkbox"/> Casually, few personal contacts <input type="checkbox"/> By name/sight	
3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
4. To what extent is the applicant engaged in the activities of your church? <input type="checkbox"/> Enthusiastically, deeply involved <input type="checkbox"/> Cooperative, usually willing to help <input type="checkbox"/> Seldom participates, although attends regularly <input type="checkbox"/> Attends irregularly, shows little interest	
5. In what form of Christian service has the applicant participated regularly?	
6. To your knowledge, does the applicant: Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No Drink? <input type="checkbox"/> Yes <input type="checkbox"/> No Use illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
7. Please describe home factors which might affect the applicant's success at CFNI.	
8. The applicant's influence on his or her peers is: <input type="checkbox"/> Positive <input type="checkbox"/> Neutral <input type="checkbox"/> Negative	
9. Do you have any concerns about the applicant's personal character? Please explain.	

## APPLICANT'S INFORMATION BELOW:

Last Name:		First Name:		MI:
Phone:	Cell:	Email:		

PLEASE CHECK ONE:  I *highly* recommend  I recommend  I recommend *with reservation*  I *cannot* recommend

If you checked 'I recommend *with reservation*' or 'I *cannot* recommend' please give a brief explanation:


I hereby agree that all information provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date