

## Personal Recommendation 1<sup>st</sup> .... 2<sup>nd</sup> .... year

Please read before distributing this form!

I understand that this confidential statement is being submitted directly to the school office and that its contents will not be shared with me. I hereby wave my right to see the confidential information submitted on this form.

**Student**  
 Last Name - *as stated in the passport* \_\_\_\_\_ First Name - *as stated in the passport* \_\_\_\_\_  
 Address \_\_\_\_\_ No. \_\_\_\_\_ Phone \_\_\_\_\_  
 Zip \_\_\_\_\_ City \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_ Student's signature \_\_\_\_\_

1. **How long have you known the student?** \_\_\_\_\_ Years \_\_\_\_\_ Months
2. **How is your relationship to the student?**     very close     close     friendly     distant
3. **What is your relationship to the student?**

Church:     Pastor     Helper     Church Member     Other relationship

Company:     Employee     Supervisor     Co-worker

School:     Teacher     Student

Leisure time:     Personal friend     Neighbor     Other
4. **Please evaluate the student's personal character.**

	Excellent	Good	Fair	Poor	Unknown
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral & character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of correction & discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. **Is the student's attitude towards those in authority good?**     Yes     No\*     Unknown

\*Comments \_\_\_\_\_

6. **Please list attributes which best describe the student's attitude toward church and its activities.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. **How industrious is the student as a worker/volunteer?**

Very hard worker     Above average     Average worker

Less than average     Lazy     Have no basis for judgment

8. From personal knowledge of the individual, would you recommend the student for ministerial training?

- Very qualified, I highly recommend the applicant     Qualified, I recommend the applicant  
 With slight reservation     Hesitate in recommending     Unable to recommend

If you checked any of the last three, please explain:

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9. Emotional Evaluation: / *Emotionale Einschätzung*:

- Very stable     Stable     Unstable     Very unstable

10. The student's spiritual influence on other is :

- Positive     Neutral     Negative

11. With what sort of companions does the student usually associate?

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12. As far as you know, is the student's behavior morally questionable?     No     Yes (Please describe)

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13. Please describe the lifestyle, including the marriage, of the student:

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14. Do you know if the student smokes, has an over usage of alcohol and/or uses other drugs?

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15. Have you noticed a physical weakness or emotional problems that would hinder the student in an academic environment?

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16. What do you consider the student's strong points?

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17. What do you consider the student's weak points?

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18. You may share with us, on another piece of paper, information about the student that would help us to evaluate him/her. This information can be from a recent experience, from the life of the student, or your personal observation.

**Please print**

Last name

First name

Address

No.

Phone

Zip

City

E-Mail

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Date \_\_\_\_\_ Signature \_\_\_\_\_

**Your age:**

- 18-25     26-35     36-50  
 51 and older

Please return this form directly to RHEMA GREECE  
 P.O. BOX 44087  
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