

# Pastor's Recommendation

Destiny School of Supernatural Ministry

**This section to be completed by Applicant** (*Please Print or Type*)

**To the Applicant:** This recommendation should be completed by your pastor and mailed directly by him to the school office. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*TO THE PASTOR: The above named is applying for admission to Destiny School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance.*

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
2. How well do you know him/her? Please check one.  
Very well, pastoral relationship  
Fairly well, numerous personal contacts  
Casually, few personal contacts  
By name/sight
3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?  
Yes    No    Unsure
4. To what extent is the applicant engaged in the activities of your church? Please check one.  
Enthusiastic, deeply involved  
Cooperative, usually willing to help  
Seldom participates, although attends regularly  
Attends irregularly, shows little interest
5. In what form of Christian service has the applicant participated regularly?  
\_\_\_\_\_
6. What do you consider to be the applicant's strengths?  
\_\_\_\_\_
7. Do you know of any weaknesses of which we should be aware?  
\_\_\_\_\_
8. To your knowledge, does the applicant:  
Use Tobacco?    Yes    No    Drink?    Yes    No    Use Illegal Drugs?    Yes    No

9. Please describe home factors which might affect the applicant's success at Destiny School of Supernatural Ministry.

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10. The applicant's influence on his or her peers is:      Positive      Neutral      Negative

11. Please evaluate the applicant in regard to the following categories. Please check one.

	Excellent	Above Average	Average	Below Average	Poor	No chance to observe
Response to authority						
Reliability (dependability, responsibility)						
Maturity (personal development, ability to cope with life situations)						
Emotional stability (reaction to stress, poise, mood stability)						
Motivation (genuineness and depth of commitment)						
Judgment (ability to analyze a problem)						
Verbal expression (clarity, coherence)						
Interpersonal relations (rapport, cooperation, attitudes toward supervision)						
Empathy (sensitivity to the needs of others)						
Work habits (stamina, perseverance, resourcefulness, initiative)						
Leadership (creative thought, curiosity, self-confidence)						
Personal appearance (cleanliness, grooming)						
Integrity (honesty, moral character)						

12. Please add any further comments you may have which would help in our evaluation.

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**Please print or type the information below.**

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of church and denomination: \_\_\_\_\_

Pastoral Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to:

Destiny School of Supernatural Ministry (DSSM)  
 3240 40th Avenue NW  
 Rochester, MN 55901  
Fax/Phone: (507) 281-3536  
Email: [cecil@destinyrochester.com](mailto:cecil@destinyrochester.com)