

Personal Recommendation

Destiny School of Supernatural Ministry

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

To the Applicant: You are required to submit TWO personal recommendations for review by the Admissions Committee. Please fill in the date, your name and address in this section. (*No family or relatives please*)

Date: _____

Daytime Phone: _____ Evening Phone: _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

TO THE PERSON COMPLETING THIS RECOMMENDATION: 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

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 your knowledge, does the applicant:

Use Tobacco? Yes No Drink? Yes No Use Illegal Drugs? Yes No

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. Which characteristics best describe the applicant? Please check all that apply.

Warmhearted Critical Tolerant Passive Sympathetic Rebellious
 Respectful Enthusiastic Loving Teachable On fire for Jesus Christ

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

	Excellent	Above Average	Average	Below Average	Poor	No chance to observe
Christian Commitment						
Social Adaptability						
Cooperativeness						
Integrity and Honesty						
Responsibility						
Mental Ability						
Physical Health						
Initiative						
Christian Character						
Emotional Stability						
Personal Appearance/Grooming			<input type="checkbox"/>			
Leadership						
Reliability						

Please print or type the information below.

Your Name: _____

Phone: _____

City: _____

State: _____ Zip: _____

Signature: _____

Date: _____

Please return this form to:

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