



Confidential Reference

Type or Print all Items in Ink

To the Applicant: This form is to be filled out by high school or college teacher, employer or friend and mailed directly to Master's Commission Phoenix. This form should not be filled out by a family member.

Applicant's Name _____

Present Address _____

City _____ State _____ ZIP _____

Instructions: Each applicant for admission to Master's Commission must submit recommendations. Serious consideration will be given to your comments, therefore, we ask that you complete this form carefully and return it directly to the Master's Commission Office. Your comments will be held in confidence.

	Excellent	Good	Fair	Poor	No Observation
1 Mental ability	_____	_____	_____	_____	_____
2 Personal motivation	_____	_____	_____	_____	_____
3 Industry/achievement	_____	_____	_____	_____	_____
4 Maturity	_____	_____	_____	_____	_____
5 Disposition	_____	_____	_____	_____	_____
6 Appearance	_____	_____	_____	_____	_____
7 Personal Devotions	_____	_____	_____	_____	_____
8 Church attendance	_____	_____	_____	_____	_____
9 Spiritual growth observed	_____	_____	_____	_____	_____
10 Self-image	_____	_____	_____	_____	_____
11 Emotional stability	_____	_____	_____	_____	_____
12 Coping with personal problems	_____	_____	_____	_____	_____
13 Response to pressure	_____	_____	_____	_____	_____
14 Reliability/faithfulness	_____	_____	_____	_____	_____
15 Financial responsibility	_____	_____	_____	_____	_____
16 Honesty	_____	_____	_____	_____	_____
17 Openness	_____	_____	_____	_____	_____
18 Moral standards	_____	_____	_____	_____	_____
19 Positive Attitudes	_____	_____	_____	_____	_____

- 20 Grateful spirit _____
- 21 Enthusiasm _____
- 22 Judgement/common sense _____
- 23 Creativity _____
- 24 Adaptability/flexibility _____
- 25 Teamwork/cooperation _____
- 26 Servanthood _____
- 27 Follows Instructions _____
- 28 Teachable Spirit _____
- 29 Liked by others _____
- 30 Concern for others _____
- 31 Can express feelings _____
- 32 Communication Skills _____
- 33 Ability to motivate others _____
- 34 Ability to plan/set goals _____
- 35 Self-discipline _____
- 36 Physical condition, health _____

In your opinion this applicant's Christian witness is which of the following?

- Mature _____
- Contagious _____
- Genuine and growing _____
- Over-emotional _____
- Superficial _____
- Other: _____

What character strengths or weakness would you like to comment on?

Does this applicant have any persistent habits that your feel would restrict him/her from fitting into a fairly intensive program?

Would you recommend the applicant for acceptance to the Master's Commission program? Yes No

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Name of Church and Denomination: _____

Position in church (if any): _____

Relationship to the applicant is:

High School Teacher College Teacher Employer Friend Other

You have know the applicant for ____ years and consider your relationship to be:

Very Close Fairly Close An Acquaintance Minimal

Any additional comments can be made on a separate sheet.

Signature: _____ Date: _____

**Please send this form directly to:
Master's Commission Phoenix
8807 N. 61st Ave.
Glendale, AZ 85302
Or Fax to: (623) 842-5081**