

**Church Recommendation
Summer School 2010**

This form must be completed by the Pastor, Youth Pastor, Staff member, or Sunday School teacher who knows the applicant best. When completed, please give this recommendation directly to the applicant. Thank you.

Name of Applicant

Grade Level Entering

1. How long have you known the applicant? _____

2. How long has the applicant attended your church? _____

3. Is the applicant a member of your church? Yes No

4. Is the applicant involved in: Youth activities? Yes No

Sunday School Yes No Other _____

5. Do you feel that the applicant has accepted Jesus Christ as personal Savior?

Yes No

6. Do the applicant's parents attend regularly? Yes No

Are they committed to spiritual growth? Yes No

7. Is the applicant attentive to Bible teaching? Yes No

Is there an apparent desire to grow spiritually? Yes No

8. How would you characterize the applicant's behavior in services and/or when involved in youth activities _____

9. Does the applicant have close friends at church and/or Sunday School? Yes No

PLEASE CHECK THE APPROPRIATE BOX:							
Is the applicant	Yes	No	Not Observed	Is the applicant	Yes	No	Not Observed
10. outgoing?				17. friendly?			
11. courteous?				18. self-controlled?			
12. dependable?				19. overly talkative?			
13. teachable?				20. argumentative?			
14. helpful?				21. honest?			
15. self-starting?				22. enthusiastic?			
16. hardworking?							

23. How would you rate the applicant's probable influence at school? (Please check one)

very good good acceptable bad very bad

24. Have you ever known the applicant to be involved with illegal drugs, alcohol,

tobacco or sexual immorality? Yes No

If yes, please explain: _____

25. Does the applicant display an obedient and honoring attitude toward his/her parents?

Yes No

If you wish, please add any additional comments below.

Signed: X _____ Date _____
Print your name _____
Your position: _____
Name of Church _____