

Applicant's name \_\_\_\_\_ Date \_\_\_\_\_

*The above applicant desires to be a student at Emmanuel Institute and wishes to use your name as a reference. Emmanuel Institute accepts students who have a commitment to Christian excellence and service and who will support the principles and practices of Emmanuel Institute of Evangelism. This referral will be kept strictly confidential. We appreciate your time in providing us with your honest appraisal of this applicant.*

1. How long have you known the applicant? \_\_\_\_\_ (years)
2. What has been your relationship to the applicant?  
 Pastor  Teacher  Work Supervisor  Friend  Family  Other \_\_\_\_\_
3. What, in your estimation, are the applicant's strengths? \_\_\_\_\_  
\_\_\_\_\_
4. In what areas might the applicant need to experience growth? \_\_\_\_\_  
\_\_\_\_\_
5. If there is additional information about this applicant that you feel we should know please indicate that on the back of this form.
6. On the following scale, with 1 being the weakest and 5 being the strongest, please share your personal appraisal of the applicant.  

|                           |                            |                            |                            |                            |                            |                                     |
|---------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|
| A. Spirituality           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't Know |
| B. Intellect              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't Know |
| C. Judgment               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't Know |
| D. Attitude               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't Know |
| E. Relationship to church | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't Know |
| F. Lifestyle              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't Know |
| G. Personal discipline    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> Don't Know |

- I recommend this applicant without reservation.
- I recommend this applicant with reservation.  Please contact me regarding this applicant.
- I do not recommend this applicant under the present circumstances.
- I do not recommend this applicant under any circumstances.

Your name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

May we contact you by phone or email concerning this applicant?  Yes  No