

SCHOOL OF SUPERNATURAL MINISTRY ALVIN

**Pastoral Recommendation**

Student's Name: \_\_\_\_\_

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

Your Church: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

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

Do you highly recommend, recommend, or not recommend this student? Please provide additional comments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity?

\_\_\_\_\_  
\_\_\_\_\_

How well do you know him/her?

\_\_\_\_\_  
\_\_\_\_\_

To your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes / No

To what extent is the applicant engaged in the activities of your church?

\_\_\_\_\_  
\_\_\_\_\_

In what form of Christian service has the applicant participated in regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you consider to be the applicant's strengths?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any weaknesses of which we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To your knowledge, does the applicant use tobacco? Yes / No  
If yes, please explain

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To your knowledge, does the applicant drink alcohol in excess? Yes / No  
If yes, please explain

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To your knowledge, does the applicant use illegal drugs? Yes / No  
If yes, please explain

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Please describe home factors which might affect the applicant's success at SSMA:

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For the following, rate the applicant on a scale of 1 – 10, with 1 being the weakest and 10 being the strongest.  
Please provide any additional information necessary.

The applicant's influence on his or her peers:

1 2 3 4 5 6 7 8 9 10

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Response to authority

1 2 3 4 5 6 7 8 9 10

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Reliability: dependability, responsibility

1 2 3 4 5 6 7 8 9 10

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Maturity: personal development, ability to cope with life situations

1 2 3 4 5 6 7 8 9 10

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Emotional Stability: reaction to stress, poise, mood stability

1 2 3 4 5 6 7 8 9 10

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Motivation: genuineness and depth of commitment

1 2 3 4 5 6 7 8 9 10

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Judgement: ability to analyze a problem

1 2 3 4 5 6 7 8 9 10

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Oral expression: clarity, coherence

1 2 3 4 5 6 7 8 9 10x

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Interpersonal relations: rapport, cooperation, attitudes toward supervision

1 2 3 4 5 6 7 8 9 10

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Empathy: sensitivity to the needs of others

1 2 3 4 5 6 7 8 9 10

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Work Habits: stamina, conscientiousness, perseverance, resourcefulness, initiative

1 2 3 4 5 6 7 8 9 10

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Leadership: creative thought, curiosity, self-confidence

1 2 3 4 5 6 7 8 9 10

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Personal appearance: cleanliness, grooming

1 2 3 4 5 6 7 8 9 10

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Integrity: honesty, moral character

1 2 3 4 5 6 7 8 9 10

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

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After completion, please mail to:

Alvin Healing Rooms  
SSM-Alvin Admissions  
111 S. Hardie, Alvin, Texas 77511

Or scan and email to:

hello@ssmalvin.org