



# The Brinson Institute of Kingdom Leadership & Development

## PASTORAL RECOMMENDATION FORM

### TO BE COMPLETED BY THE APPLICANT

**Important:** Please complete this portion of the form and send it to your recommender. Each of your letters of recommendation should be written by a different person. The recommendation should be **returned to you** in a sealed envelope, signed by your recommender across the flap. Do not open the envelope when it is returned to you. Include the recommendation with the materials you submit with your application.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle/Maiden \_\_\_\_\_

Social Security Number \_\_\_\_\_

**TO THE APPLICANT:** The Family Education Rights and Privacy Act of 1974, also known as the Buckley Amendment, gives students a right to inspect and review their educational records. This includes the right to read specific confidential statements and letters of recommendation. In order to protect the confidentiality of your recommendation, you may waive this right. Please indicate your decision to waive or not to waive this right by checking the appropriate statement and signing your name on the line below.

\_\_\_\_\_ 1. I waive my right to examine this recommendation.

\_\_\_\_\_ 2. I do not waive my right to examine this recommendation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY THE RECOMMENDER

**TO THE RECOMMENDER:** The person named above is applying for admission to Hope Bible Institute and Seminary, South Bend, IN. The Admission Committee would appreciate your candid and detailed assessment of the applicant's qualifications, academic abilities (specifically relating to research, writing and integrative skills) and potential. Please return the requested materials to the applicant in a sealed envelope with your signature across the flap.

If the applicant has waived his or her right, this letter will be held confidential. If the applicant has not waived his or her right, it will be assumed that this letter may be seen by the applicant if the applicant enrolls in Hope Bible Institute.

1. Recommender's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Job Title \_\_\_\_\_

Church or Organization \_\_\_\_\_

2. What is your relationship to the applicant? \_\_\_\_\_

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

4. Do you believe the applicant evidences a clear sense of divine calling to ministry?  
Please circle one: Definitely \_\_\_\_\_ Likely \_\_\_\_\_ Uncertain \_\_\_\_\_ Doubtful \_\_\_\_\_

5. Do you know of any problems that might hinder the applicant's effective work in Christian ministry? †  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please elaborate on a separate sheet.

6. Are you a The Brinson Institute of Kingdom Leadership & Development alumnus/alumna? †  
Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you know any personal habits or prejudices that might hamper the applicant's service in a church-related position? † Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please elaborate on a separate sheet.

8. Do you recommend this person for admission? † Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please circle one:  
With Enthusiasm \_\_\_\_\_ With Confidence \_\_\_\_\_ With Reservation \_\_\_\_\_ With Reluctance \_\_\_\_\_

9. Please use the space below to disclose your own words a full and candid evaluation of the applicant's qualifications, character and personality, church involvement, fitness and gifts for ministry, academic abilities, potential and/or other information that would assist our assessment of this applicant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Thank you for your thoughtful response. If further questions regarding the applicant arise, may a member of the Admission Committee contact you by phone? † Yes \_\_\_\_\_ No \_\_\_\_\_

11. Please return this recommendation to the applicant in a sealed envelope with your signature across the flap.

Please evaluate the applicant in the following areas by marking 3 for above average, 2 for average, 1 for below average, N for no information.

Christian character and integrity	___ 3	___ 2	___ 1	___ N
Church involvement	___ 3	___ 2	___ 1	___ N
Maturity	___ 3	___ 2	___ 1	___ N
Leadership skills	___ 3	___ 2	___ 1	___ N
Knowledge of the Bible	___ 3	___ 2	___ 1	___ N
Aptitude for ministry	___ 3	___ 2	___ 1	___ N
Communication skills	___ 3	___ 2	___ 1	___ N
Intellectual ability	___ 3	___ 2	___ 1	___ N
Interpersonal skills	___ 3	___ 2	___ 1	___ N
Financial responsibility	___ 3	___ 2	___ 1	___ N

List below, or briefly describe in an attached paragraph, your activity in local congregations, fellowships or para-church organizations. Address any long periods of non-membership or inactivity in your personal testimony.

<u>Name and Location of Church or Religious Body</u>	<u>Activities</u>	<u>Years of Involvement</u>	
		From:	To:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____