

6. In what form of Christian service has the participant participated regularly?

7. Please indicate what you consider to be the participant's strengths.

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

9. The participant's influence on his peers is: Positive Neutral Negative

10. To your knowledge, does the applicant:

Smoke Drink Use Illegal Drugs Comments (If any): _____

11. Please evaluate the applicant's qualities by checking (✓) the appropriate boxes.

Quality	Excellent	Good	Average	Below Average	Poor	No chance to observe
Christian Commitment						
Cooperativeness						
Integrity and Honesty						
Responsibility/Reliability						
Mental Ability						
Physical Health						
Initiative						
Christian Character						
Emotional Stability						
Spiritual Stability						
Personal Appearance						
Self-Control						
Leadership						
Maturity						
Handling Finances						
Attitude towards supervision						
Social Adaptability						

12. Taking into account the School of Leadership's mission is to prepare leaders to be used by God in their communities and the world, tell us how you think the participant could make a difference through his or her life. (You can use a separate sheet of paper if necessary).

13. Please evaluate the participant's written and oral abilities by checking the appropriate boxes.

Oral Comprehension	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Writing	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor
Speaking	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Poor

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

15. Do you recommend the applicant for School of Leadership Course?

Highly Recommend Recommend Recommend with Reservations Do not recommend

Signature _____ Date _____

Recommender's Name _____ Title _____

Church/Organisation _____

Address _____ Email _____

_____ Postal Code _____ Telephone _____

Please mail this recommendation to:

The Registrar
Tung Ling Bible School
2 Gambas Crescent #10-04/05, Nordcom II, Singapore 757044
Tel: 6345 4353 Fax: 6345 4639
Email: admin@tungling.org.sg Website: www.tungling.org.sg

This person's application will not be considered complete until this recommendation is processed.

The information given will be kept strictly confidential.

Thank you for completing this form and thus aiding us in our evaluation process.