



**SCHOOL OF MINISTRY**

**This form should be completed by your pastor who knows you personally and understands your calling and spiritual goals.**

**For the Applicant:** This section must be completed by the applicant.

Applicant's Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

**For the Recommender:** This section must be completed by the pastor.

The applicant named above is seeking admission into School of Ministry and is requesting your recommendation. Your responses to the following questions will help us to better evaluate the applicant.

1. For how long have you known the applicant? \_\_\_\_\_

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

3. How well do you know the applicant?

By name/sight

Casually

Fairly well

Very well

4. In your opinion, has the applicant experienced new birth and evidenced a personal commitment to Jesus Christ?     Yes         No         I do not know

Your comments would be appreciated: \_\_\_\_\_

5. In what form of Christian service has the applicant participated regularly?

6. Please indicate what you consider to be the applicant's strengths

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

8. The applicant's influence on his peers is:  Positive  Neutral  Negative

9. To your knowledge, does the applicant:  
 Smoke  Drink  Use Illegal Drugs Comments (If any) : \_\_\_\_\_

10. 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						
Ministry						
Maturity						
Handling Finances						
Attitude towards supervision						
Social Adaptability						

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

12. Please evaluate the applicant'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

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

14. Do you recommend the applicant for School of Ministry 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**

**OR**

**Email to: [admin@tungling.org.sg](mailto:admin@tungling.org.sg)**

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

The information given will be kept strictly confidential.

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



2 Gambas Crescent #10-04/05, Nordcom II, Singapore 757044

Tel: 6345 4353 Fax: 6345 4639

Email: [admin@tungling.org.sg](mailto:admin@tungling.org.sg) Website: [www.tungling.org.sg](http://www.tungling.org.sg)