

Samuel's Mantle Prophetic Training School Recommendation Form

Name of applicant: _____

Referral's name: _____ Phone#: _____ Email: _____

Recommendation from:
Friend _____

Supervisor-Work _____ Position _____

Pastor- Church: _____ Position: _____

We encourage you to provide the most accurate information possible. This evaluation will be held in strict confidence. Upon completion of this form please place in a sealed envelope and return it to the applicant.

How well do you know the applicant? _____

How long have you known the applicant? _____

Please assess the applicant in the following on a scale of 1 to 10;

1 being poor, 10 being outstanding

Category	1-10	Comment
Relationship with God		
Emotional stability		
Physical health		
Ability to communicate		
Positive attitude		
Teachable spirit		
Reliability		

What do you perceive as the applicants greatest strength?

What do you perceive as the applicants greatest weakness?

Describe how the applicant responds to authority:

Describe how the applicant responds to the opposite sex:

Please comment on the applicant's spiritual maturity:

Please comment on the family and social background of the applicant:

How would you recommend this person, knowing they represent you?

Signature of reference _____ Date _____