

Pastor or Teen Challenge Staff Recommendation

Please click the form fields and type in your info. Then mail it to the T.C.M.I. Admissions Department.

To The Applicant: Please complete the section below. Applicants are required to have a total of 3 recommendation forms completed in order to have your application processed.

Applicant, Fill out this section completely to be considered for Admission.				
Applicant's Name:	Date:			
Home Address:				
Phone:				
	th Gate, CA. Please complete this form carefully and maisseen by the applicant. Because we expect straightforwa			
To be filled out by the reference. If you choose to fill in	n the form by hand, please print in blue or black ink.			
Name of Reference:				
Address of Reference:				
Phone Number of Reference:				
1. How long have you known the applicant?				
2. How well do you know him/her? Circle one:	Casually Fairly Well Very Close			
3. What is your relationship to this person?				
4. To the best of your knowledge, has the applicant ma	ade a commitment to the Christian ministry? Yes No			
Is the applicant living a Christian Life? Yes No				
Comments:				



Please check one p	vith a Biblical mode	i, now would y	ou rate this pers	son in the follow	ing areas?	
riease check one p		Excellent	Good	Fair	Poor	Unknown
Character	'	Accilent	dood	Tall	1 001	OTIKITOWIT
Leadership						
Emotional Stabilit	v					
Church Attendance						
Participation in Mi						
Ability to get alon						
Appearance						
Tact						
Initiative						
Compassion						
Social Ability						
Response to Auth	ority					
Seriousness of pur	pose					
Educational Ability	y					
	istics best describe	• •				
Warmhearted	Loving	Teachable	Tolerant	Unstable	Rebellio	JS
Respectable	Enthusiastic	Passive	Critical	On Fire for .	lesus	
3. In your opinion,	does this person po	ossess any out	standing abilitie	s? Please explai	n:	



11. Does the applicant have any questionable personal habits?					
12. Are there any personality traits which hinder this applicant in his/her relationship with others?					
13. Are there any special circumstances connected with this person which the administration ought to know in order to deal wisely and sympathetically with him/her after admission?					
14. Why do you think this person wants to attend T.C.M.I.?					
15. Do you recommend this person to attend T.C.M.I.? Yes No If no, why?					
Personal Recommendation:					
Please share any information that will help the T.C.M.I. staff better understand and develop this person. This includes anything shared with the staff in conversation. Remember, this information is confidential.					



Personal Recommendation Continued:

Signed:		Date:	
Thank you for your help,			
Cassandra Stanley			
Admissions Administrator			
Teen Challenge Ministry Institu	te		
Please return this reference to:			
	Teen Challenge Ministry Institute P.O. Box 739		
	1.0. DOV 1.23		

Fax: 323.569.7128

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www.teenchallenge.org/tcmi

E-mail: tcmiadmissions@teenchallenge.org

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