

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:						
Instructions to the person completing this recommendation: The above named applicant is applying for admission to Teen Challenge Ministry Institute in South Gate, CA. Please complete this form carefully and mail it directly to us. This is confidential and it is not to be seen by the applicant. Because we expect straightforward comments, we will handle this recommendation with strict confidence. We appreciate your assistance! To be filled out by the reference. If you choose to fill in the form by hand, please print in blue or black ink.						
obe filled out by the reference. If you choose to fill in the form by hand, please printing de or black link.						
lame of Reference:						
ddress of Reference:						
hone Number of Reference:						
. How long have you known the applicant?						
. How well do you know him/her? Circle one: \square Casually \square Fairly Well \square Very Close						
. What is your relationship to this person?						
. To the best of your knowledge, has the applicant made a commitment to the Christian ministry?						
sthe applicant living a Christian Life?						
Comments:						



	Excellent	Good	Fair	Poor	Unknown
withothers					
rity					
· ·					
J03C					
			_	_	
Loving	☐Teachable	☐ Tolerant	☐ Unstable	Rebelliou	S
☐ Enthusiastic	□Passive	☐ Critical	☐ On Fire for J	lesus	
	Loving	rity pose stics best describe the applicant?	rity pose stics best describe the applicant? Loving	rity pose stics best describe the applicant? Loving Teachable Tolerant Unstable	with others rity pose stics best describe the applicant? Loving



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. Doyourecommendthis person to attend T.C.M.I.? ☐ Yes ☐ No						
Ifno,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,			
Line Coulfe			
Lisa Garife Admissions Administrator			
Teen Challenge Ministry Institut	- Δ		
reen enanenge wiinistry institut	.c		
Please return this reference to:	Office of Admissions		
r icascretariitiiis reference to.	Teen Challenge Ministry Institute		
	P.O.Box739		

E-mail: <u>lisa.garife@teenchallenge.org</u> www.teenchallenge.org/tcmi

Fax: 323.569.7128

South Gate, CA 90280 Office: 323.569.2818