

# EVANGEL SCHOOL *of* MINISTRY

## FAMILY/FRIEND REFERENCE FORM

Applicant:

(FIRST NAME)

(LAST NAME)

*The person named above is applying for admission to Evangel School of Ministry and is asking you to provide a reference. Serious consideration is given to this reference, so your comments are important. Evangel School of Ministry is an eight-month training program designed with the purpose of raising next generation leaders within the context of their local church. Please, be frank but fair in your judgment to assist our assessment of the applicant. Return as soon as possible.*

1. How well do you know this person?     Very well                       Well                       Casually

2. Describe some of the applicant's strengths:

3. Describe some of the applicant's weaknesses

4. Do you recommend this student for ministry internship?

Highly recommend                       Recommend with reservation                       Do not recommend

By signing this document, I attest that the information provided to be true to the best of my knowledge.

Name: \_\_\_\_\_  
(FIRST & LAST NAME)

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(MM/DD/YYYY)

INSTRUCTIONS: Please send the completed reference form to: [vadim@evangelfsj.com](mailto:vadim@evangelfsj.com)