



Impact! School of Ministry Pastoral Recommendation

To the applicant: This page should be handed to your pastor and filled out and mailed by him/her directly to the Impact! office.

Applicant's Name _____
Address _____
City _____ State _____ Zip _____
Hm. Phone _____ Wk. Phone _____

To the Pastor: The above named is applying for admission to Impact! School of Ministry. This recommendation will be kept in confidence. Thank you for your assistance.

How long have you known the applicant? _____
How well do you know the applicant? _____

Has the applicant made a personal commitment to Christ? _____
Is the applicant involved in your church? How? _____

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

Please indicate what you consider to be the applicant's weaknesses. _____

To your knowledge, does the applicant: Smoke? _____
Drink alcohol? _____ Use illegal drugs? _____

Would you recommend the applicant to attend Impact! School of Ministry and why? _____

Pastor's Name _____ Phone _____



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