

PERSONAL RECOMMENDATION

Note: This section to be completed by Applicant

Date: _____ Applicant's Name: _____

Phone: (Mobile): _____ (Work): _____ (Home): _____

Address: _____

To the person completing this Recommendation: The above named is applying for admission to Hong Kong School of Supernatural Ministry. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. **Once completed and signed, please send by post to HKSSM directly.**

1. How long have you known the applicant? _____ In what capacity? _____

2. How well do you know him/her? Please tick one.

Very well, pastoral relationship

Casually, few personal contacts

Very well, good friends

By name/sight

Fairly well, numerous personal contacts

Remarks: _____

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?

Yes No Unsure

4. To your knowledge, does the applicant: **Use Tobacco?** Yes No Don't know

Drink Alcohol? Yes No Don't know **Use Illegal Drugs?** Yes No Don't know

If yes, please explain: _____

5. In what form of Christian service has the applicant participated regularly? (e.g., Sunday School Teacher, Youth Leader, Cell Group Leader, Worship Team, Intercessor....etc.) _____

6. What do you consider to be the applicant's strengths? _____

7. Do you know of any weaknesses of which we should be aware of? _____

8. Which characteristics best describe the applicant? Please tick all that apply.

- Relational Judgmental Patient Passive Sympathetic Rebellious
 Respectful Enthusiastic Caring Teachable On fire for Jesus Christ

9. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
Christian Commitment	1	2	3	4	5	6
Social Adaptability	1	2	3	4	5	6
Cooperativeness	1	2	3	4	5	6
Integrity & Honesty	1	2	3	4	5	6
Responsibility	1	2	3	4	5	6
Mental Ability	1	2	3	4	5	6
Physical Health	1	2	3	4	5	6
Initiative	1	2	3	4	5	6
Christian Character	1	2	3	4	5	6
Emotional Stability	1	2	3	4	5	6
Personal Appearance	1	2	3	4	5	6
Leadership	1	2	3	4	5	6
Reliability	1	2	3	4	5	6

Please print or type in the information below:

Full Name: _____ Contact Phone: _____ Email: _____

Name of Church: _____ Denomination: _____

Address: _____

Signature: _____ Date: _____

Please return this to:

HONG KONG SCHOOL OF SUPERNATURAL MINISTRY
 Address: 1/F, Workingberg Commercial Building,
 41-47 Marble Road, North Point, Hong Kong.
 Phone: 25272270 / Fax: 37640717
 Email: HKSSM@icahk.org Website: <https://icaacademy.org/hkssm>

Updated Nov 9, 2021