香 港 超 自 然 事 奉 學 校
HONG KONG SCHOOL OF SUPERNATURAL MINISTRY
KINGDOM HERE NOW

PASTOR'S RECOMMENDATION

Note: This section to be completed by Applicant

To the Applicant: This recommendation should be completed by your pastor who will mail directly to Hong Kong School of Supernatural Ministry. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

Date: _____

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

Applicant's Name: _____

Address: _____

_____

TO THE PASTOR: 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 submit to HKSSM by post or by email hkssm@icahk.org***

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

2. How well do you know the applicant? Please tick one.
   - ☐ Very well, pastoral relationship
   - ☐ Fairly well, numerous personal contacts
   - ☐ Casually, few personal contacts
   - ☐ By name/sight

Comments: _____

_____

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ?
   ☐Yes ☐No ☐Unsure

4. To what extent is the applicant engaged in the activities of your church? Please tick one.
   - ☐ Enthusiastic, deeply involved
   - ☐ Cooperative, usually willing to help
   - ☐ Seldom participates, although attends regularly
   - ☐ Attends irregularly, shows little interest

Comments: _____

_____

5. In what form of Christian service has the applicant participated regularly?

_____

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. 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: _____

_____

9. Please describe home factors which might affect the applicant's success at Hong Kong School of Supernatural Ministry _____

_____

10. The applicant's influence on his or her peers is: ☐Positive ☐Neutral ☐Negative

11. Additional comments: _____

_____

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

	Excellent	**Above Average**	**Average**	**Below Average**	**Poor**	**No Chance to Observe**
Response to Authority: honor, respect, teachability	1	2	3	4	5	6
Reliability: dependability, responsibility	1	2	3	4	5	6
Maturity: personal development, ability to cope with life situations	1	2	3	4	5	6
Emotional Stability: reaction to stress, poise, mood stability	1	2	3	4	5	6
Integrity: honesty, moral character	1	2	3	4	5	6
Motivation: genuineness and depth of commitment	1	2	3	4	5	6
Judgment: ability to analyze a problem	1	2	3	4	5	6

	Excellent	Above Average	Average	Below Average	Poor	No Chance to Observe
Leadership: creative thought, curiosity, self-confidence	1	2	3	4	5	6
Interpersonal relations: rapport, cooperation, attitudes toward supervision	1	2	3	4	5	6
Work habits: stamina, conscientiousness, perseverance, resourcefulness, initiative	1	2	3	4	5	6
Empathy: sensitivity to the needs of others	1	2	3	4	5	6
Oral expression: clarity, coherence	1	2	3	4	5	6
Personal appearance: cleanliness, grooming	1	2	3	4	5	6

13. Please add any further comments you may have which would help in our evaluation.

_____

_____

Please print or type in the information below:

Full Name: _____ Contact Phone: _____ Email: _____

Name of Church: _____ Denomination: _____

Pastoral Position: _____

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

September 4, 2025f

香 港 超 自 然 事 奉 學 校
HONG KONG SCHOOL OF SUPERNATURAL MINISTRY
KINGDOM HERE NOW

PERSONAL RECOMMENDATION

Note: This section to be completed by Applicant

Date: _____ Applicant's Name: _____

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

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 submit directly to HKSSM by post or by email hkssm@icahk.org***

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
☐ Very well, good friends
☐ Fairly well, numerous personal contacts
☐ Casually, few personal contacts
☐ By name/sight

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 Character	1	2	3	4	5	6
Christian Commitment	1	2	3	4	5	6
Integrity & Honesty	1	2	3	4	5	6
Responsibility	1	2	3	4	5	6
Reliability	1	2	3	4	5	6
Leadership	1	2	3	4	5	6
Social Adaptability	1	2	3	4	5	6
Cooperativeness	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
Emotional Stability	1	2	3	4	5	6
Personal Appearance	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

September 4, 2025f