



**PURESPRING**  
INSTITUTE

# Pastoral Recommendation

For \_\_\_\_\_

*(Applicants, please print your name neatly here)*

In the School of \_\_\_\_\_

Dear Pastor/Ministry Leader:

*The individual named above has applied as a student at PureSpring Institute and has given your name as a reference. Please assist us in evaluating their application by completing this brief questionnaire. All answers will be confidential. Thank you for your time and help.*

What is your relationship to the applicant? \_\_\_\_\_

How long have you known them?

Less than 3 months     Three months to a year     One or two years     More than two years.

How has this person been involved in ministry or service in your church over the past year?

Check as many of these as describe your relationship:

- This person attends my church (or is involved in my small group or ministry.)
- I have had a number of opportunities to observe this person in ministry.
- I have had adequate opportunity to observe this person's life and walk with the Lord.
- This person is a personal (or family) friend.
- I don't know this person very well.

Please give us your assessment of the applicant's present spiritual walk by selecting either yes or no.

Yes  No  Have you seen evidence that the applicant has a teachable spirit?

Yes  No  Have you seen evidence that the applicant has and continues to pursue a close walk with Jesus Christ?

Yes  No  Does this person have any issues in character, morality, or maturity that need to be dealt with before further involvement in ministry? If **YES**, PLEASE EXPLAIN (Use separate page if needed)

Yes  No  Do you see evidence of ungodly ambition or self-promotion in this person? If **YES**, PLEASE EXPLAIN

Yes  No  Does this person have a critical spirit, or is subject to gossip? If **YES**, PLEASE EXPLAIN

Yes  No  Does this person have difficulty in relating to authority? If **YES**, PLEASE EXPLAIN

Yes  No  I RECOMMEND THAT THIS PERSON BE ACCEPTED AS A STUDENT.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Church/Organization/Ministry: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Comments: (Please use the back of this form to add any additional insights and comments, if needed.)**