## APOSTLE FREDERICK PRICE MINISTRY TRAINING INSTITUTE

## MINISTER'S RECOMMENDATION FORM 7901 South Vermont Avenue Los Angeles, CA 90044

nt Address:	City:	State	Zip Code			
			_			
il Address:	Home Phone #	Cell Pho	Cell Phone #			
rk Phone # Title/Position:						
Are you licensed? (Please ci	rcle) Y N Are you on	rdained? (Pleas	se circle) Y N			
Name of church/organization	1:					
NAME OF APPLICANT						
Last	First	First Middle				
1. How long have you known	n the above named applicant	t?				
2. What has been the extent of	c		intermittent distant professional			
3. To the best of your knowled ministry? (Please circle) Y		rson has a defini	ite call to			
Comments:						

**5.** Does the applicant have a positive influence on others? (**Please circle**) **Yes** 

No

Yes	No	Full-t	ime	Part-time	e D	on't know			
	est of your ( <b>Please cir</b>		-		ant have	a problem w	ith any of the		
Nicotin	e .	Alcohol	Use of illegal and/or prescription drugs						
Occupying	g the same	dwelling	g, as if ma	arried, w	ith a pers	son that is n	ot their spouse'		
hinder his/l	ner relation	ship with	others?	(Please	circle)	Yes	lity traits that mand in the No ace a check manda		
in the appro	•		or the ap	pricant s p	cisonai e	maracter. (11	ace a check mar		
Cha	racter Train	ts	Excelle	ent	Good	Fair	Poor		
Honesty									
Attitude to	oward othe	ers							
Ability to	work with	others							
Dependab	ility								
Ability to	lead others	S							
Academic	ability								
Personal g	grooming								
Financial	responsibil	lity							
10. Please i	indicate yo	ur person	al comm	ents on th	is prospe	ctive student	:		
-	seriously ar	nd believe					. We do take you . Your comments		
Signature							Date		