

Personal Recommendation

Waco School of Transformation (WSOT)

NOTE: This section to be completed by Applicant

To the Applicant: This recommendation should be completed by the person you have selected and emailed directly to Marti Dietrick, marti@wacoschooloftransformation.com

Date: _____

Applicant's

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone - Day: _____ Phone - Evening: _____

To the person completing this Recommendation: The above named is applying for admission to the Waco School of Transformation. 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, please mail (or email) to the School Office (address at bottom).

1. How long have you known the applicant? _____
Relationship to applicant? _____

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

____ Very close

____ Fairly well

____ Casually

____ By name/sight

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

Drink? ____ Yes ____ No

Use Illegal Drugs? ____ Yes ____ No

5. In what form of Christian service has the applicant participated regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)? _____

6. What do you consider to be the applicant's strengths_____

7. Weaknesses?_____

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

Warmhearted Critical Tolerant Passive Sympathetic
 Rebellious Respectful Enthusiastic Loving Teachable
 On Fire for Jesus Christ

9. Please evaluate the applicant in regard to the following categories. Please circle one where 1 is Poor and 6 is Excellent. If you have not observed a particular category, please circle "NO."

Christian Commitment: 1 2 3 4 5 6 NO
Social Adaptability: 1 2 3 4 5 6 NO
Cooperativeness: 1 2 3 4 5 6 NO
Integrity and Honesty: 1 2 3 4 5 6 NO
Responsibility: 1 2 3 4 5 6 NO
Mental Ability: 1 2 3 4 5 6 NO
Physical Health: 1 2 3 4 5 6 NO
Initiative: 1 2 3 4 5 6 NO
Christian Character: 1 2 3 4 5 6 NO
Emotional Stability: 1 2 3 4 5 6 NO
Personal Appearance: 1 2 3 4 5 6 NO
Leadership: 1 2 3 4 5 6 NO
Reliability: 1 2 3 4 5 6 NO

Please print or type the information below.

Your Name:_____

Address:_____ City: _____

State:___ Zip:_____

Phone: _____

Signature: _____ Date:_____

Please email directly to Marti Dietrick, marti@wacoschooloftransformation.com
(or make a request by email if you need a postal mailing address)