



PASTOR/LEADER RECOMMENDATION FORM

To Applicant: This form is to be completed by a Pastor, Elder, Home Fellowship Leader or member of the leadership team at your home church and is to be kept confidential.

To Recommender: Please return completed form to applicant in a sealed envelope or mail this completed recommendation form to:

LIGHT International
Attention: Institute for Biblical Studies
PO Box 668548
Pompano Beach, FL 33066

Please return the form by: July 3, 2011

Please fill out application with black or blue ink. If more space is needed, please attach information on a separate sheet of paper.

First Name of Applicant:

Last Name of Applicant:

Applicant Date of Birth:

How long have you known the above mentioned applicant, as a member of your church? How would you describe your relationship with the applicant? (Please write in the space provided).

Please describe their involvement in your ministry/organization. Please include area (s) of service and number of service hours per month (Please write in the space provided).

First Name of Applicant:	Last Name of Applicant:	Applicant Date of Birth:
<p>Do you recommend this applicant for the Institute? Please circle one: YES/NO</p> <p>Please explain why you would recommend this applicant (Please write in the space provided).</p>		
How long have you known applicant?		
Full Name of Recommender::	Position:	
Name of Ministry/Organization:	Work: ()	
Ministry/Organization Mailing Address:	Cell: ()	
	Email: (please print clearly)	
	Best time of day to reach you:	
I, the undersigned, hereby acknowledge that the information provided on this recommendation form is true based on my knowledge.		
Signature:	Date:	
Printed Name:		



CHARACTER RECOMMENDATION FORM

To Applicant: This form is to be completed by an individual that has known you for at least one year and is knowledgeable of your character, strength and weakness.

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Last Name of Applicant:

Applicant Date of Birth:

How long have you known the above mentioned applicant? How would you describe your relationship with the applicant? (Please write in the space provided).

Please describe your observation of this individual's relationship with the Lord and the ministry calling and giftings in their life. (Please write in the space provided).

First Name of Applicant:	Last Name of Applicant:	Applicant Date of Birth:
<p>Do you recommend this applicant for the Institute? Please circle one: YES/NO</p> <p>Please explain why you would recommend this applicant (Please write in the space provided).</p>		
How long have you known applicant?	Best time of day to reach you:	Relationship to Applicant:
Full Name of Recommender::		Email: (please print clearly)
<p>Work: ()</p> <p>Mailing Address:</p>		<p>Cell: ()</p>
<p>I, the undersigned, hereby acknowledge that the information provided on this recommendation form is true based on my knowledge.</p>		
Signature:		Date:
Printed Name:		



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How long have you known applicant?	Best time of day to reach you:	Relationship to Applicant:
Full Name of Recommender::		Email: (please print clearly)
<p>Work: ()</p> <p>Mailing Address:</p>	<p>Cell: ()</p>	
<p>I, the undersigned, hereby acknowledge that the information provided on this recommendation form is true based on my knowledge.</p>		
Signature:	Date:	
Printed Name:		