## TO THE STUDENT:

This form must be completed by someone who knows you and your relationship with God. It does not have to be a person with the title of pastor; however, it may be. It may also be someone who has been in a leadership role in your spiritual walk, such as a small group leader or mentor. You cannot be related to this person and you must have known them for at least 6 months.

STUDENT NAME:	PHONE					
comments, therefore, your cooperation in completing this	Landmark Ministry Training. Serious consideration will be given to your form as candidly and prayerfully as possible will be greatly appreciated. where necessary. All information provided on this form will be held in the					
PASTORAL INFORMATION:						
NAME:	POSITION:					
ADDRESS:	OFFICE PHONE:					
CITY/STATE/ZIP	CELL PHONE:					
CHURCH NAME:	ADVERAGE CHURCH ATTENDANCE:					
ADDRESS:	CHURCH DENOMINATIONAL AFFILIATION:					
CITY/STATE/ZIP	ARE YOU RELATED?YESNO					
EMAIL:	IF YES, HOW ARE YOU RELATED?					
How long have you known the applicant?	What type of spiritual influence is applicant on peers'STRENGTHENINGNEGATIVE					
How well do you know him/her? (check one) VERY CLOSECASUALLY	NEUTRALI DON'T KNOW					
ONLY BY NAME AND SIGHT	DOES THIS APPLICANT SMOKE?YESNO					
Has the applicant demonstrated a personal commitment to Jesus Christ?YESNOI AM UNSURE	DOES THIS APPLICANT DRINK?YESNO					
Has the applicant lived a consistent moral life?_unsure please comment.	YESNOUNSURE If no or					
Are there family conditions which might hinder th	ne applicants' college work or effectiveness in full time ministry?					

Γο what extent does the applicant engage in church activities?			In what form of Christian service has the applicant been a participant?						
Attends regularly, enthusiastically and deeply involvedAttends regularly, cooperative and willing to helpAttends regularly, seldom participates in activitiesAttends regularly, no participationUnknown									
Is there anything about the applicant's life, past or present, which should be called to our attention?									
Rate the applicant's qualit	ies in each of the following	areas:							
	Well Above Average	Above Average	Average	Below Average	N/A				
Leadership Skills									
Energy/Enthusiasm									
Emotional Maturity									
Social Interaction									
Concern for Others									
Compatible with LMT									
OVERALL EVALUATIO	N OF THE APPLICANT:								
EXCELLENT _	ABOVE AVERAGE	AVERA	GE	QUESTIONABLE					
I RECOMMEND THIS A	PPLICANT TO LANDMA	ARK BIBLE TRAIN	NING CENTE	R:					
WITHOUT RESER	EVATIONWITH R	FSFRVATION	I AM IINA	RI F TO RECOMMEN	D				
SIGNATURE:		DATE:							
PLEASE RETURN COMPI	ETED FORM BY MAIL TO	:							
LANDMARK MINISTRY T	RAINING	C	OR SCAN AND	EMAIL TO:					
ATTN: ADMISSIONS		01	FFICE@LAND	MARKMT.COM					
PO BOX 4483									

MARIETTA, GA 30061