

*Jerry Savelle's*  
***Heritage of Faith Bible Institute & Leadership Academy***  
***An Outreach of Jerry Savelle Ministries International***

## Personal Reference

### To The Applicant (please type or print)

Name of Applicant \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street and Number City

Country \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

I understand that this confidential statement is being submitted directly to the Admissions Office with the understanding that its contents will not be revealed to me. I hereby waive my right to see the confidential statement submitted on this form.

\_\_\_\_\_  
Signature:

### To The Evaluator

Thank you for your assistance in completing this recommendation. Serious consideration will be given to your comments; therefore we ask that you complete this form carefully. It should be returned directly to the Admissions Office of your HFBI Campus.

Since we request a candid evaluation we will hold your comments in strictest confidence.

1. How long have you known the applicant?

\_\_\_\_\_

2. How well do you know the applicant? (Check one)

- |   |   |
|---|---|
| <input type="checkbox"/> By name / sight              | <input type="checkbox"/> Fairly well/numerous personal contacts |
| <input type="checkbox"/> Casual/few personal contacts | <input type="checkbox"/> Very close relationship                |

3. What do you consider the applicants' strong points (Include positive personal traits)

\_\_\_\_\_

4. What do you consider the applicants' weak points (Include negative personal traits)

\_\_\_\_\_

5. How do you rate this person in the following areas?

**Excellent**
**Above Average**
**Average**
**Below Average**
**No chance to observe**

Leadership					
Responsibility					
Christian Commitment					
Initiative					
Co-operativeness					
Personal Appearance					
Moral Character					
Health					
Social adaptability					
Integrity and honesty					
Emotional stability					

6. To your knowledge, does the applicant : (Yes or No) Smoke ? \_\_\_\_\_ Drink? \_\_\_\_\_ Use illegal drugs? \_\_\_\_\_

Comments: \_\_\_\_\_

7. Does the applicant have personality traits which impair his/her relationship with others?  Yes  No

Comments: \_\_\_\_\_

8. Please share any information you may have about the applicant that would help in our evaluation. This information could cover recent experiences or incidents in the applicant's life, or even a general personality appraisal.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Please check the terms which best describe the applicant's attitude toward the church and its activities.

- Warm-hearted     
  Enthusiastic     
  Loving     
  Respectful  
 Critical     
  Tolerant     
  Passive     
  Contemptuous

**Evaluator's Information**

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_