

**Recommendation for the Strategic Ministry Residency Program**

Deadline for application is May 1.

**APPLICANT INFORMATION**

Full Name (please print): \_\_\_\_\_

What field are you applying for:  Children & Family  Church Administration  Missions  
 Preaching/Pastoral  Special Needs  Sports Management  Worship/Production  Youth  
 Other: \_\_\_\_\_

*Waiver of right of access to confidential statement: I, the undersigned, hereby voluntarily waive any right to inspect the content of this recommendation.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TO BE COMPLETED BY A MINISTER, ELDER, OR UNIVERSITY FACULTY:**

Your comments are important to us; therefore, please provide your complete and careful evaluation. You must have known the applicant for at least six months and not be related.

**Please return this completed form promptly to the attention of Lauren Shears at  
LShears@JohnsonU.edu or 7900 Johnson Drive, Knoxville, TN 37998.**

How long have you known the applicant?

In what capacity?

How well do you know the applicant?  Close personal relationship  Fairly well  
 Casually  Occasional Conversations  By name only

Have you observed evidence to support the applicant's profession of having surrendered to Jesus Christ as their Lord and Savior, having been baptized, and being committed to having the character of Jesus Christ live through them?  Yes  No

Is the applicant living a consistent Christian Life?  Yes  No

Describe the applicant's pattern of church attendance. He/she attends:

Weekly (1+ times per week)  Occassionally\* (less than once per week)  Unknown\*

\*Please Explain: \_\_\_\_\_

\_\_\_\_\_

Indicate level of church involvement:  Very involved  Involved  Not Involved  Unknown

How would you describe the applicant’s testimony of purity (within the last 2 years)?

\_\_\_ Above reproach \_\_\_ Have not observed \_\_\_ Questionable\* \_\_\_ Unknown\*

\*Please explain: \_\_\_\_\_

In social relationships with peers, the applicant is: \_\_\_ sought out \_\_\_ accepted \_\_\_ tolerated

The applicant’s Christian testimony among his/her peers is: \_\_\_ positive \_\_\_ neutral \_\_\_ negative

Competencies/Character	Outstanding Top 10%	Very Good Upper 25%	Average	Below Average	Inadequate Opportunity to Observe or Assess
Personal Maturity					
Spiritual Maturity					
Trustworthiness					
Dependability					
Humility					
Leadership					
Deals w/ Stress					
Conflict					
Interactions with others					
Personal Responsibility					
Oral Communication Skills					
Motivation & Initiative					
Teachability					

In your opinion, how do you see the applicant’s best use of their abilities and desires in advancing God’s Kingdom? \_\_\_\_\_

List the greatest growth area(s) needed within the application: \_\_\_\_\_

Reference completed by (print): \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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