



School of Leadership Pastoral Recommendation

DEPARTMENT OF EDUCATION
FLORIDA MULTICULTURAL DISTRICT
830 California Woods Circle, Orlando, FL 32824
Ph. (407) 850-9861 Option. 6



Branch: _____

Student Information

Complete this section and then submit this form to the Pastor of your church. This evaluation should be completed by the Pastor where you are an active member. Your Pastor will provide the Education Department with an honest assessment of your maturity in Christianity. *(The Pastor cannot be a relative of yours).*

Full Legal Name		Date of Birth MM/DD/YYYY		
<input type="text"/>		<input type="text"/>		
Email	Cellphone Number			
<input type="text"/>	<input type="text"/>			
Mailing Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Applicant Signature	Date			
<input type="text"/>	<input type="text"/>			

Recommendation

The above named applicant is applying to the School of Leadership. Your candid assesment of the applicant's spiritual maturity and personal qualities will be significant value to the Admission Department. **Please complete and return this form in a sealed envelope.** Thank you!

How long have you known the applicant? _____

In what context? _____

Which term best characterizes the applicant's Christian character?
 Exemplary Consistent Inconsistent No Evidence

Does the applicant possess any attitudes or participate in any behaviors that are inconsistent with the School of Leadership standards?

Evaluate the applicant in the following areas:

	Outstanding	Above Average	Average	Below Average	N/A
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any **additional comments** below that you feel would be valuable to the Admissions Department:

For admission to the School of Leadership, this applicant is:

RECOMMENDED WITH RESERVATION
 NOT RECOMMENDED
 HIGHLY RECOMMEND
 RECOMMENDED
 PLEASE CONTACT ME TO DISCUSS THIS REFERENCE

Pastor's Full Name	Position/Title		
<input type="text"/>	<input type="text"/>		
Church/Organization	Email		
<input type="text"/>	<input type="text"/>		
Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pastor's Signature	Pastor's Phone Number	Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	