



## PASTORAL RECOMENDATION

### APPLICANT'S SECTION

The pastoral recommendation form must be completed by a pastor (non-relative) from your home church. Please choose a pastor (such as your youth pastor) who knows you well and can provide us with the complete picture of who you are.

Date:     /     /     

Applicant's Name \_\_\_\_\_

Current Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Dear Pastor,

The above individual has applied for admission to the Cornerstone School of Ministry. The Cornerstone School of Ministry is designed to equip and develop students for a life in ministry. For our program, we are seeking candidates who are committed to spiritual, intellectual, and personal growth. Students should desire to develop skills that will prepare them for a life calling to further the kingdom of God in vocational ministry and should be dedicated to serving the Lord. We would appreciate your help as we seek to evaluate the applicant's suitability for our program. Your observations and recommendation are important to us. Your input will be kept in strict confidence.

Thank you for your prompt assistance. Once completed, please mail or deliver the form to:

Cornerstone Church,  
Attn: School of Ministry  
1000 N. Studebaker Road  
Long Beach, CA 90815  
562-296-6490

## CONTACT INFORMATION

Name \_\_\_\_\_ Position \_\_\_\_\_

Name of Church or Organization \_\_\_\_\_

Church Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

How long have you pastored at this church/organization? \_\_\_\_\_

## QUESTIONS REGARDING APPLICANT

How long have you know the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please check the area that you feel best describes the applicant:

	Not Observed	Poor	Fair	Average	Good	Excellent	Best One Ever
Walk with the Lord							
Spiritual Maturity							
Leadership Skills							
Biblical Knowledge							
Ministry Involvement							
Church Attendance							
Integrity/Honesty							
Teachable							
Vulnerability							
Emotional Stability							
Compassion							
Response to Authority							
Initiative							
Social Skills							

## QUESTIONS REGARDING APPLICANT (continued)

What do you consider to be the applicant's strengths? \_\_\_\_\_

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What do you consider to be the applicant's weaknesses? \_\_\_\_\_

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How does the applicant deal with struggles or set-backs? \_\_\_\_\_

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What areas of growth have you observed in the applicant's life? \_\_\_\_\_

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Please add any further comments you may have which would help in our selection of this candidate:

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## RECOMMENDATION

\_\_\_\_\_ Recommend      \_\_\_\_\_ Recommends with reservation      \_\_\_\_\_ Do not recommend

Why or why not? \_\_\_\_\_

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May we contact you to discuss this recommendation?

Yes

No

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for your help. We appreciate the time you have taken to answer this form. Your answers will remain confidential.**