

Pastor's Recommendation Form

Center for Native Leadership Development

Name of Applicant: _____

Home _____

Address: _____

Telephone and E-mail: _____

The applicant understands that this confidential statement is to be submitted directly to CNLD's admissions office and that its contents will not be public information. Applicants waive the right to see this material after completion by their pastor.

Applicant's Signature: _____ Date: _____

To be completed by the student's PASTOR and mailed to the local CNLD Registrar.

1. How long have you known the applicant?

2. Has your relationship been close or casual? _____

3. What is the nature of your relationship? Member _____ Worker _____ Attendant _____

4. Please evaluate his or her character: (Excellent, good, poor or unknown)

Honesty _____ Dependability _____ Academic Ability _____ Teachableness _____

5. Does the applicant respond well to authority?

6. Does the applicant exhibit spiritual maturity?

7. Is the applicant emotionally stable?

8. To your knowledge, is the applicant's life above question morally?

If not, explain

9. To your knowledge, does the applicant engage in the use of tobacco, alcohol or drugs? _____

If so, explain

10. Do you recommend the applicant as a student of Center for Native Leadership Development?

11. Please share any other information that may help in the evaluation of this applicant. _____

Pastor's Name: _____ Date: _____

Telephone: _____ E-mail: _____ Church Name: _____

Church Address: _____