



**Application process is as follows:**

1. The application has seven components. We require that you **send in all seven components together in one packet.**
  - 1) Application Form
  - 2) Photograph
  - 3) A typed one or two page personal testimony (see page two, #1 on the Application form)
  - 4) Pastoral Recommendation (FSM Form), having known you for two years (in a signed, sealed envelope)
  - 5) Personal Reference (FSM Form), having known you for five years (in a signed, sealed envelope)
  - 6) \$50.00 **non-refundable** application fee (make checks payable to Orlando House of Prayer)
  - 7) Background Form
2. **Please complete and submit the above seven components** *no later than 30 days prior to the start date of the semester for which you are applying.*

**IMPORTANT: All seven components must be sent together. Late applications may need to wait until the start of the following semester.**

Please mail your application to:

**Orlando House of Prayer  
Forerunner School of Ministry  
P.O Box 1206  
Ocoee, FL 34761  
(407) 877- 5970**

3. **Once we have received your application, our team will review it and we will notify you of its status.**
4. **Upon acceptance, a letter and packet will be mailed with details of the upcoming semester dates, enrollment information, etc.**
5. **We cannot accept F1, M1 or J1 student visa holders at this time.**
6. **Please email our office at [fsm@orlandohop.org](mailto:fsm@orlandohop.org) if you have any questions during the application process. If you do not have an email account, please make every effort to set one up as this is how we will correspond with you.**



6. Marital History: *(Please write a summary of your marriage experience).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Is your spouse supportive of your desire to attend FSM?*

\_\_\_\_\_

7. If you have any children, please list each name, sex, and birth date.

NAME	SEX	AGE	BIRTHDATE
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____/_____/_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____/_____/_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____/_____/_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____/_____/_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____/_____/_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____/_____/_____

8. Do you speak any language(s) in addition to English? \_\_\_\_\_

**EDUCATIONAL / OCCUPATIONAL BACKGROUND**

9. Year of High School Graduation: \_\_\_\_\_

Type of High School: [ ] Public [ ] Private [ ] Home School [ ] GED

Please list institutions of higher education you have attended.

NAME	ADDRESS (CITY, STATE)	DATES ATTENDED	DEGREES EARNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Please list employment for the past five years.

NAME	ADDRESS (CITY, STATE)	DATES EMPLOYED	TYPE OF WORK
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MINISTRY AND GIFTINGS INFORMATION**

11. Do you currently attend a local church? \_\_\_\_\_ If no, please explain:

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12. How long have you attended and in what areas are you involved? \_\_\_\_\_

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Name of church: \_\_\_\_\_

Address: \_\_\_\_\_

Pastor's name: \_\_\_\_\_

13. Please list any other previous church and/or ministry involvement:

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14. What would you consider to be your gifts and talents (spiritual and natural)?

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15. What would you consider to be your weaknesses?

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16. List some of your hobbies and interests: \_\_\_\_\_

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17. Please try to assess the following in yourself:

	<u>Uncertain</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Outstanding</u>
<i>Spiritual Maturity</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Devotion to Christ</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Personal Integrity</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Self-Discipline</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to Serve</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to Learn</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Interpersonal Relationships</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family Life</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ability to Work with Others</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication Skills</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Leadership Skills</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reliability</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Physical Health</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

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**HEALTH INFORMATION**

24. Do you have insurance? If so, what kind(s) of health insurance? \_\_\_\_\_

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18. Do you have any physical disabilities, seizures, learning disabilities or physical conditions that require special care or medication? *(If yes, please explain)*

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19. Please tell us if you have had *(past)* or have *(present)* life-controlling issues such as (lust, pornography, alcohol, tobacco, drugs, eating or sleeping disorders, depression or any other)

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if so, please explain when and how long \_\_\_\_\_

20. Have you ever sought help/Counseling for any of these above mentioned problems?

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If so, please describe when, with whom and for what;

<u>Year</u>	<u>Caregiver(s)</u>	<u>Identified Problem</u>
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20 a. Are you currently struggling with any of the above life controlling issues?

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20b. Have you ever received Counseling or Psychological help for mental illness? \_\_\_\_\_

21. Are you currently on medication related to psychological problems?

If so, please specify: \_\_\_\_\_

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22. Have you ever attempted suicide? \_\_\_\_\_

If so, please describe when, how treated, etc.: \_\_\_\_\_

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23. Do you currently wrestle with suicidal thoughts? \_\_\_\_\_

## **OHOP AND FSM STATEMENT OF FAITH**

Please read the following:

1. WE BELIEVE that only the sixty-six books of the Bible are the inspired, and therefore inerrant, Word of God. It is the final authority for all we believe and how we are to live (Matt. 5:18; John 10:35, 17:17; 2 Tim. 3:16- 17; 2 Pet. 1:20-21.)

2. WE BELIEVE that the one true God exists eternally in three persons, Father, Son, and Holy Spirit, and that these, being one God, are equal in deity, power, and glory. We believe that God not only created the world but also now upholds, sustains, governs, and providentially directs all that exists and that He will bring all things to their proper consummation in Christ Jesus to the glory of His name (Ps. 104, 139; Matt. 10:29-31, 28:19; Acts 17:24-28; 2 Cor. 13:14; Eph. 1:9-12, 4:4-6; Col. 1:16-17; Heb. 1:1-3; Rev. 1:4-6.)

3. WE BELIEVE that Satan, originally a great and good angel, rebelled against God, taking a multitude of angels with him. He was cast out of God's presence and is at work with his demonic hosts to establish his counter-kingdom of darkness and evil on the earth. Satan was judged and defeated at the cross of Christ and will, at the end of the age, be cast forever into the lake of fire which has been prepared for him and his angels (Matt. 12:25-29, 25:41; John 12:31, 16:11; Eph. 6:10-20; Col. 2:15; 2 Pet. 2:4; Jude 6; Rev. 12:7-9, 20:10.)

4. WE BELIEVE that Adam was originally created in the image of God, righteous and without sin. In consequence of his disobedience, Adam's posterity are born subject to both imputed and inherent sin, and are therefore by nature and choice the children of wrath, justly condemned in the sight of God, wholly unable to save themselves or to contribute in any way to their acceptance with God (Gen. 1-3; Ps. 51:5; Is. 53:5; Rom. 3:9-18, 5:12-21; Eph. 2:1-3.)

5. WE BELIEVE that Jesus Christ is God incarnate, fully God and fully man, that He was conceived and born of a virgin, lived a sinless life, and offered himself as a penal, substitutionary sacrifice for sinners. By the blood of His cross He obtained for us eternal redemption, the forgiveness of sins, and life everlasting. He was raised bodily on the third day and ascended to the right hand of the Father, there to make intercession for the saints (Matt. 1:18-25; Jn. 1:1- 18; Rom. 8:34; 1 Cor. 15:1-28; 2 Cor. 5:21; Gal. 3:10-14; Phil. 2:6-11; Col. 1:15-23; Heb. 7:25; 1 Pet. 2:21-25; 1 Jn. 2:1-2.)

6. WE BELIEVE that salvation is by grace alone, through faith alone, in Christ alone. No ordinance, ritual, work, or any other activity on the part of man is required in order to be saved. This saving grace of God,

through the power of the Holy Spirit, also sanctifies us by enabling us to do what is pleasing in God's sight in order that we might be progressively conformed to the image of Christ (John 1:12-13, 6:37- 44, 10:25-30; Acts 16:30-31; Rom. 3-4, 8:1-17, 31-39; Eph. 2:8-10; Phil. 2:12-13; Titus 3:3-7.)

7. WE BELIEVE that the Lord Jesus Christ baptizes believers in the Holy Spirit, in whom also we are sealed for the day of redemption. The Holy Spirit regenerates, forever indwells, and graciously equips the Christian for godly living and service. Subsequent to conversion the Spirit desires to fill, empower, and anoint believers for ministry and witness. We also believe that signs and wonders, as well as all the gifts of the Spirit described in the New Testament, are operative today and are designed to testify to the presence of the kingdom and to empower and edify the church to fulfill its calling and mission (Matt. 3:11, 28:18-20; John 1:12-13, 3:1-15; Acts 4:29-30; Rom. 8:9, 12:3-8; 1 Cor. 12:12-13; 2 Cor. 1:21-22; Gal.3:1-5; Eph. 1:13-14, 5:18.)

8. WE BELIEVE that water baptism and the Lord's Supper are the two ordinances of the church to be observed until the time of Christ's return. They are not a means of salvation but are channels of God's sanctifying grace and blessing to the faithful in Christ Jesus (Matt. 26:26-29, 28:19; Rom. 6:3-11; 1 Cor. 11:23-34; 1 Pet. 3:21.)

9. WE BELIEVE that the church is God's primary instrument through which He is fulfilling His redemptive purposes in the earth. To equip the saints for the work of ministry, God has given the church apostles, prophets, evangelists, pastors, and teachers. We also affirm the priesthood of all believers and the importance of every Christian being joined with and actively involved in a local community of the saints. We believe that women, no less than men, are called and gifted to proclaim the gospel and do all the works of the kingdom (Matt. 16:17-19; Acts 2:17-18, 42; Eph. 3:14-21, 4:11-16; Heb. 10:23-25; 1 Pet. 2:4-5, 9-10.)

10. WE BELIEVE that God has called the church to preach the gospel to all nations, and especially to remember the poor and to minister to their needs through sacrificial giving and practical service. This ministry is an expression of the heart of the Lord Jesus Christ and is an essential part of the kingdom of God (Is. 58:6-12, 61:1; Luke 4:18, 21:1-4; Gal. 2:10; 1 Tim. 6:8.)

11. WE BELIEVE in the literal second coming of Christ at the end of the age when He will return to the earth personally and visibly to consummate His kingdom. We also believe in and are praying for a great End- Time harvest of souls and the emergence of a victorious church that will experience an unprecedented unity, purity, and power in the Holy Spirit in the context of worldwide persecution (Ps. 2:7-9, 22:27-28; John 14:12, 17:20-26; Rom. 11:25-32; 1 Cor. 15:20-28, 50-58; Eph. 4:11-16; Phil. 3:20-21; 1 Thess. 4:13-5:11; 2 Thess. 1:3-12; Rev. 7:9-14.)

12. WE BELIEVE that when the Christian dies he/she passes immediately into the blessed presence of Christ, there to enjoy conscious fellowship with the Savior until the day of the resurrection and glorious transformation of the body. The saved will then forever dwell in blissful fellowship with their great Triune God. We also believe that when the unbeliever dies he/she is consigned to hell, there to await the Day of Judgment when he/she shall be punished with eternal separation from the presence of God (Matt. 25:46; Luke 16:19-31; John 5:25-29; 1 Cor. 15:35-58; 2 Cor. 5:1-10; Phil. 1:19-26, 3:20-21; 2 Thess. 1:5-10; Rev. 20:11-15, 21:1-22:15.)

25. Do you agree with all the points in the statement of faith listed above? \_\_\_\_\_

If not, please explain and specify which you disagree with:

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## **FUTURE GOALS**

26. How long do you see yourself in Orlando? \_\_\_\_\_

27. What are you hoping to learn from this school? \_\_\_\_\_

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28. What are your goals for the future? What vision do you have for life and ministry?

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**FINANCIAL INFORMATION**

29. What is your plan for paying for school? \_\_\_\_\_

29a.. What is your plan for paying for living expenses? \_\_\_\_\_

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29c. Are you currently in debt? (credit cards, home mort., student loans, car loan) \_\_\_\_\_  
If so, please explain \_\_\_\_\_

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29d. Do you own a car? \_\_\_\_\_ if yes, will you be bringing it with you to FL? \_\_\_\_\_

29e. Do you own a laptop? \_\_\_\_\_ if no, will you be purchasing one prior to school? \_\_\_\_\_

30. In case of an emergency, whom may we contact? \_\_\_\_\_

( _____ )	_____	_____
Phone Number		Relation of Emergency Contact to Applicant

31. How did you hear about FSM? \_\_\_\_\_

**I declare that I have provided to the best of my knowledge and belief that the facts presented to support my application are true, correct, and complete.**

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**Signature**

**Date**

*Please attach \$50 (US Dollars) check to this application for administrative processing. Make check payable to Orlando House Of Prayer (OHOP). If needing to pay by credit card, please fill in the information below:*

**[ ] Visa [ ] Mastercard [ ] American Express [ ] Discover**

# \_\_\_\_\_ Exp. Date \_\_\_\_\_

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Signature

Date



\*Confidential

### Background Check Inquiry Release Form

#### AUTHORIZATION

In connection with my application to be a student at **Living Waters Church/OHOP**, I authorize **Living Waters Church/OHOP** and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that **Living Waters Church/OHOP** may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references and other public record reports pertaining to me. When requested by an employer motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana.

**I authorize without any reservation, any person, agency, or other entity contacted by Living Waters Church/OHOP or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above-mentioned information.**

I release **Living Waters Church/OHOP**, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

(Please write in blue or black ink. Light ink won't show up) (DOB is Date of Birth)

**Requested by: 422723**

**PLEASE PRINT INFORMATION BELOW**

FULL LEGAL NAME \_\_\_\_\_ DOB \_\_\_\_\_

OTHER NAMES USED \_\_\_\_\_ SS \_\_\_\_\_

DRIVERS LIC # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

**Please note: If your address is a rural route, or post office box, we must have City & County where mail was delivered**

Current Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
How long at this address? (Months/Years) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

\_\_\_\_\_

# **FORERUNNER SCHOOL OF MINISTRY**

P.O BOX 1206. OCOEE, FL 34761

PHONE: 407.877.5970

## **PASTORAL RECOMMENDATION FORM**

### TO BE COMPLETED BY THE APPLICANT:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

*To the Applicant:*

**You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee. Please note: Failure to indicate a choice is the same as checking the "I do not waive" box.**

I waive my right to see this character reference.

I do not waive my right to see this character reference.

*To the Pastoral Reference:*

This recommendation form is to be completed by the applicant's (present or former) pastor. In the case that the applicant's father is the pastor, an elder or other church officer may act as pastoral reference. **Please return this form directly to the applicant in a sealed envelope with your signature across the seal.** If you have any questions, you may email them to fsm@orlandohop.org. Thank you for your involvement in this important phase of the applicant's life.

Your Name: \_\_\_\_\_

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

Church Telephone:( \_\_\_\_\_ ) \_\_\_\_\_ Your Position: \_\_\_\_\_

Home Telephone:( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

How well?       Very well       Fairly well       Casually       By name/sight

2. Please describe the applicant's level of involvement in your church. *(Check all that apply)*

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Attends regularly   | <input type="checkbox"/> Cooperative     | <input type="checkbox"/> Interested |
| <input type="checkbox"/> Attends irregularly | <input type="checkbox"/> Involved        | <input type="checkbox"/> Distant    |
| <input type="checkbox"/> Enthusiastic        | <input type="checkbox"/> Willing to help |                                     |

3. Has the applicant served your congregation in any capacity? If so, please give a brief description.

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4. What are the strengths and spiritual gifts of the applicant according to your observations?

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5. What is your assessment of the applicant's weaknesses?

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6. What is the applicant's affect on his/her peers?  Positive  Neutral  Negative  Unknown

7. Please try to assess the following based on your knowledge of the applicant.

	<i>Uncertain or not observed</i>	<i>Weak</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Outstanding</i>
<i>Spiritual maturity</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Devotion to Christ</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Integrity and honesty</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Openness to correction</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Self-discipline</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to serve</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family life</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ability to work with others</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication skills</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Courtesy</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Leadership skills</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reliability</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Physical health</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Emotional stability</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

8. Are there any complex family factors which might affect the applicant's studies at the Forerunner School of Ministry?

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9. Would you have the applicant on your staff?  Yes  No Why or why not?

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10. I recommend this applicant for the Forerunner School of Ministry.

Highly recommend  Recommend  Recommend with reservations\*  Do not recommend\*

\*Please explain concerns below or add your comments:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

# **FORERUNNER SCHOOL OF MINISTRY**

P.O BOX 1206. OCOEE, FL 34761

PHONE: 407.877.5970

## **PERSONAL REFERENCE FORM**

### **TO BE COMPLETED BY THE APPLICANT:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

#### **To the Applicant:**

You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee. *Please note: Failure to indicate a choice is the same as checking the "I do not waive" box.*

I waive my right to see this character reference.

I do not waive my right to see this character reference.

#### **To the Personal Reference:**

This recommendation form is to be completed by a friend (not a spouse or relative), one who has known the applicant for at least 5 years. Please return this form directly to the applicant in a sealed envelope with your signature across the seal. If you have any questions, you may email them to fsm@orlandohop.org. Thank you for your involvement in this important phase of the applicant's life.

Your Name: \_\_\_\_\_ Address : \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

How well?       Very well       Fairly well       Casually       By name/sight

2. What is the relationship between you and the applicant?

\_\_\_\_\_  
\_\_\_\_\_

3. What are the strengths and spiritual gifts of the applicant according to your observations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is your assessment of the applicant's weaknesses?

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5. Are there any complex family factors which might affect the applicant's studies at the Forerunner School of Ministry? \_\_\_\_\_

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6. Please try to assess the following based on your knowledge of the applicant.

	<i>Uncertain or not observed</i>	<i>Weak</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Outstanding</i>
<i>Spiritual maturity</i> ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Devotion to Christ</i> ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Integrity and honesty</i> ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Openness to correction</i> ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Self-discipline</i> ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Willingness to serve</i> ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family life</i> ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ability to work with others</i> ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication skills</i> ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Courtesy</i> ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Leadership skills</i> ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reliability</i> ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Physical health</i> ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Emotional stability</i> ..... <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

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7. I recommend this applicant for the Forerunner School of Ministry.

- Highly recommend       Recommend       Recommend with reservations\*       Do not recommend\*

\*Please explain concerns below

Comments/concerns: \_\_\_\_\_

8. Would you support your friend's decision to move to Orlando as a Forerunner School of Ministry student?  Yes  No Please explain \_\_\_\_\_

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