

GLAD TIDINGS GOSPEL MINISTRY

RECOMMENDATION FROM TEACHER/PROFESSOR OR PERSONAL FRIEND

(LAST NAME OF APPLICANT) (FIRST) (MIDDLE)

1. How long have you known the application? _____ How well? _____

2. How is this person regarded by peers? _____

3. How would you evaluate this person's character? _____

4. How would you evaluate this person's academic performance and attitude toward study? _____

5. What is this person's attitude toward authority and instruction? _____

6. As an aid to our evaluation of the applicant, we would appreciate any additional information concerning the strengths and weaknesses of the applicant: _____

** ALL INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL **

(YOUR NAME) (DATE)

(ADDRESS)

(POSITION) (SCHOOL OR FIRM)

***Please place your recommendation in a sealed envelope and return it to the applicant, or you may mail it to the address listed below. Thank you and God bless!**

Glad Tidings Gospel Ministry
◆ P.O. Box 11 ◆ Chicago Ridge, Illinois 60415 ◆
◆ Phone: (708)389-3500 ◆ E-mail: info@gtgm.org ◆ Website: www.gtgm.org ◆