

**LAWNDALE SUMMER MEDICAL PROJECT
RECOMMENDATION FORM**



LAWNDALE CHRISTIAN
HEALTH CENTER
Loving God. Loving People.

Two standardized reference letters must accompany your application. One reference letter should be from a dean or other current or past faculty member and the second reference letter should be from a pastor or other leader who can testify to your spiritual character. Reference letters must be postmarked by March 14, 2019.

PART I: TO BE COMPLETED BY APPLICANT

Date of Birth: _____

Name: _____
Last First Middle

Address: _____
Number & Street City Zip Code

APPLICANT’S WAIVER OF RIGHT TO ACCESS CONFIDENTIAL INFORMATION STATEMENT: I hereby voluntarily waive my right of access to information contained on this form and agree that the statement should remain confidential.

Applicant’s Signature Date

PART II: TO BE COMPLETED BY RECOMMENDER

Circle:

1. In what capacity have you known the applicant?

Pastor Professor Other

2. How many years have you known the applicant?

0-1 2-3 4-5 5-6 7-8 9 or more

Check on Scale:

3. How well do you know the applicant?

Very well Fairly well Casually
5 4 3 2 1

4. To what extent is the applicant engaged in the activities of your institution?

Enthusiastically participates Cooperative and participates Usually participates
5 4 3 2 1

5. In social relationships, the applicant is:

Sought out Well received Tolerated
5 4 3 2 1

6. What is the applicant’s spiritual/social influence in your institution?

Positive Neutral Negative
5 4 3 2 1

7. In your opinion, does this student possess any outstanding abilities, academic rigor (GPA), or spiritual qualities?
Please describe: _____

8. Please list any leadership positions or significant roles the applicant has held with your institution.

9. The mission of Lawndale Christian Health Center is to show and share the love of Jesus Christ by providing wholistic, affordable and quality health care. To your knowledge, does the applicant have any attitudes or behaviors that are inconsistent such as: dishonesty, abuse of alcohol or illegal drugs, or inappropriate internet usage)?
Please comment:

10. Please describe personal, home and, or family factors which might affect the applicant's success at Lawndale Christian Health Center.

Please rate this student in the following areas, compared to his/her peers:

| | High | Average | Low | Comments |
|---------------------|--------------------------|--------------------------|--------------------------|----------|
| Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Disposition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Emotional Stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Concern for Others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Social Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Spiritual Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Please make further comments that will help us evaluate this student's application. We welcome any information that will help us differentiate him or her from others. If additional space is required, please attach another sheet.

Highly Recommended Recommended Prefer not to make recommendation Not recommended

Name _____ Position _____

Church/Organization _____ Telephone Number _____

Address _____

Signature _____ Date _____

Thank you for completing this Recommendation Form. Please keep a copy for your records. Be sure that all questions are completed and return to the applicant in a sealed envelope.