



# Ministry Training Institute

## Spiritual Mentor's Recommendation

**This section to be filled out by the applicant:** Please fill in the information below and give this form to an older adult who has had a godly influence upon your life. **Please do not choose a family member to complete this recommendation.**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**To the spiritual mentor:** The above candidate has applied to become a student at the Association Free Lutheran Bible School – Ministry Training Institute. Please fill in this form and return it to the Bible School. Do not reply to items that you are unsure of or have not had opportunity to observe. The information you provide on this form will be treated in strictest confidence. Thank you for your willingness and time.

1. How long have you known the applicant? \_\_\_\_\_
2. Relationship to the applicant:       Church Family       Family Friend       Other \_\_\_\_\_
3. What is the nature of the applicant's commitment to Jesus Christ?  
 Testifies to a personal relationship with Jesus as Lord and Savior  
 Does not appear to have a personal relationship with Jesus Christ  
 I am unsure  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What is the nature of the applicant's commitment to church participation?  
 Actively involved in congregational life  
 Some involvement  
 Rarely attends or no involvement
5. Please rate the applicant:

	Excellent	Average	Poor	Unsure
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please share areas where the applicant may need guidance and supportive understanding. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please comment on any struggles in the applicant's family that may affect the applicant emotionally, physically, or spiritually? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. The primary function of AFLBS – MTI is to teach students who are seeking to serve the Lord. Our purpose is to train for ministry and the applicant could be placed in a cross-cultural setting. With this in mind, is there any additional information that would help us fairly evaluate the applicant for admission?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you perceive the applicant as: (mark one or more)  
 Leader  Follower  Encourager  Committed  Non-committal  
 Other: \_\_\_\_\_

10. **Recommendation for study at MTI:**  I highly recommend  
 I recommend with reservations  
 I recommend on a probationary status  
 I do not recommend  
Comments: \_\_\_\_\_  
\_\_\_\_\_

11. I would like to speak with someone regarding this applicant:  Yes  No  Feel free to call me, if needed.  
12. I would like a packet of MTI information to be sent to our church:  Yes  No.  
13. I would like a packet of information sent to the following person or persons:  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

**If there are additional facts, which we should know, please write them on a separate sheet. You may include the names and addresses of additional references that you think would be of help in evaluating this application.**

_____ Print Name	_____ Signature	_____ Date
_____ Relationship to Applicant	_____ Church	
_____ Address	_____ City, State Zip	_____ Phone Number

Thank you for your time! To increase the applicant's control over the timetable of the application process, we are using a self-managed application. Please (1) **seal** the church endorsement in an envelope, (2) **sign** across the flap, and (3) **return to the applicant** the sealed envelope to be included with his or her application. **If the applicant does ask you to mail this form, please send it to:**

**Ministry Training Institute**  
**Association Free Lutheran Bible School**  
**3120 East Medicine Lake Blvd.**  
**Plymouth, MN 55441**