

PASTORAL OR PERSONAL RECOMMENDATION

REACH THE NATIONS KINGDOM COLLEGE

TO THE APPLICANT: Please complete the section below. Applicants are required to have a Personal Recommendation form completed in order to apply to RTNKC. This form MUST be completed by a mature Christian adult (at least 21 years of age) that has known the applicant for at least 1 year.

Note: the applicant must complete this section in its entirety							
Date:							
Applicants Name:							
Last Name Firs	t Middle						
Name if you go by a different name t	han that above						
Nickname	Last Name						
applying for admission to Reach The Serious consideration will be given to kept in confidence. If you have any	commendation: The above named applicant is Nations Kingdom College School of Ministry. It is your comments. This recommendation will be questions, you may contact our Administrative . 325. Thank you for your assistance. Once						
Reach The Nations K P.O. Box 8178 New Haven, CT 0653							
You may also fax this form toll fre	e (866) 786-1622						
How long have you known the applic	ant?						
Relationship to the applicant?							
How well do you know the applicant? By name/sight Casually	Fairly Well Very Close Unknown						

Describe the applicant by					1	
	Excellent	Good	Fair	P	oor	Unknown
Character						
Leadership						
Cooperation						
Common Sense						
Appearance						
Health						
Response to Authority						
Participation						
Responsibility						
Social Ability						
Respectful						
Mature						
Your Name:						
Are you at least 21 years	of age or old	ler?			Y	es No
Signature				_ Date		
Address:						
Street	City			State	Postal Code	
Telephone:						
Home Phone		Cell Phone				
Email Address:						

We appreciate you taking the time to fill out this recommendation form.