

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 to the Lawndale and Garfield communities 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.

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.