



**SCOTTSDALE MASTER'S COMMISSION
1ST YEAR APPLICATION 2011 – 2012
PERSONAL REFERENCE**

TO BE FILLED OUT BY HIGH SCHOOL OR COLLEGE TEACHER, EMPLOYER OR FRIEND OVER THE AGE OF 21 AND MAILED, EMAILED OR FAXED DIRECTLY TO SCOTTSDALE MASTER'S COMMISSION. THIS FORM SHOULD NOT BE FILLED OUT BY A FAMILY MEMBER.

PLEASE TYPE OR PRINT IN INK

APPLICANT'S NAME: _____

INSTRUCTIONS: EACH APPLICANT FOR ADMISSION TO SCOTTSDALE MASTER'S COMMISSION MUST SUBMIT RECOMMENDATIONS. SERIOUS CONSIDERATION WILL BE GIVEN TO YOUR COMMENTS, THEREFORE, WE ASK THAT YOU COMPLETE THIS FORM CAREFULLY AND RETURN IT DIRECTLY TO THE SCOTTSDALE MASTER'S COMMISSION OFFICE, NOT TO THE APPLICANT. YOUR COMMENTS WILL BE HELD IN CONFIDENCE.

	EXCELLENT	GOOD	FAIR	POOR	DON'T KNOW
MENTAL ABILITY	_____	_____	_____	_____	_____
PERSONAL MOTIVATION	_____	_____	_____	_____	_____
INDUSTRY/ACHIEVEMENT	_____	_____	_____	_____	_____
MATURITY	_____	_____	_____	_____	_____
DISPOSITION	_____	_____	_____	_____	_____
APPEARANCE	_____	_____	_____	_____	_____
PERSONAL DEVOTIONS	_____	_____	_____	_____	_____
CHURCH ATTENDANCE	_____	_____	_____	_____	_____
SPIRITUAL GROWTH OBSERVED	_____	_____	_____	_____	_____
SELF-IMAGE	_____	_____	_____	_____	_____
EMOTIONAL STABILITY	_____	_____	_____	_____	_____
COPING WITH PERSONAL PROBLEMS	_____	_____	_____	_____	_____
RESPONSE TO PRESSURE	_____	_____	_____	_____	_____
RELIABILITY/FAITHFULNESS	_____	_____	_____	_____	_____
FINANCIAL RESPONSIBILITY	_____	_____	_____	_____	_____
HONESTY	_____	_____	_____	_____	_____
OPENNESS	_____	_____	_____	_____	_____
MORAL STANDARDS	_____	_____	_____	_____	_____
POSITIVE ATTITUDES	_____	_____	_____	_____	_____
GRATEFUL SPIRIT	_____	_____	_____	_____	_____
ENTHUSIASM	_____	_____	_____	_____	_____
JUDGEMENT/COMMON SENSE	_____	_____	_____	_____	_____
CREATIVITY	_____	_____	_____	_____	_____
ADAPTABILITY/FLEXIBILITY	_____	_____	_____	_____	_____
TEAMWORK/COOPERATION	_____	_____	_____	_____	_____
SERVANTHOOD	_____	_____	_____	_____	_____
FOLLOWS INSTRUCTIONS	_____	_____	_____	_____	_____
TEACHABLE SPIRIT	_____	_____	_____	_____	_____
LIKED BY OTHERS	_____	_____	_____	_____	_____
CONCERN FOR OTHERS	_____	_____	_____	_____	_____
CAN EXPRESS FEELINGS	_____	_____	_____	_____	_____
COMMUNICATION SKILLS	_____	_____	_____	_____	_____
ABILITY TO MOTIVATE OTHERS	_____	_____	_____	_____	_____
ABILITY TO PLAN/SET GOALS	_____	_____	_____	_____	_____
SELF-DISCIPLINE	_____	_____	_____	_____	_____
PHYSICAL CONDITION, HEALTH	_____	_____	_____	_____	_____

IN YOUR OPINION THIS APPLICANT'S CHRISTIAN WITNESS IS WHICH OF THE FOLLOWING?

MATURE CONTAGIOUS GENUINE AND GROWING OVER-EMOTIONAL SUPERFICIAL

OTHER: _____

WHAT CHARACTER STRENGTHS OR WEAKNESS WOULD YOU LIKE TO COMMENT ON?

DOES THIS APPLICANT HAVE ANY PERSISTENT HABITS THAT YOU FEEL WOULD RESTRICT HIM/HER FROM FITTING INTO A FAIRLY INTENSIVE PROGRAM?

WOULD YOU RECOMMEND THE APPLICANT FOR ACCEPTANCE TO THE MASTER'S COMMISSION PROGRAM?

YES NO

YOUR NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

RELATIONSHIP TO THE APPLICANT IS:

HIGH SCHOOL TEACHER COLLEGE TEACHER EMPLOYER FRIEND OTHER

YOU HAVE KNOWN THE APPLICANT FOR _____ YEARS AND CONSIDER YOUR RELATIONSHIP TO BE:

VERY CLOSE FAIRLY CLOSE AN ACQUAINTANCE MINIMAL

PLEASE ADD ANY ADDITIONAL COMMENTS THAT YOU FEEL MAY BE NECESSARY.

SIGNATURE: _____ DATE: _____

PLEASE SEND THIS FORM DIRECTLY TO:

SCOTTSDALE MASTER'S COMMISSION
28700 N. PIMA ROAD
SCOTTSDALE, AZ 85266
EMAIL: LARAE@SCOTTSDALEMC.COM
FAX: 480-348-7984
ATTENTION: SMC ADMISSIONS

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 480-367-8182.