



**Applicant's Name** \_\_\_\_\_ **Phone Number(\_\_\_\_)** \_\_\_\_\_

*The above named person is applying to the John Paul II Bible School for admission to our one-year program of Catholic formation and community living. We request your candid assessment of this person and their suitability to live in community.*

*We appreciate your time in completing this form. All information you provide will remain confidential. Please feel free to use additional paper. PLEASE MAIL OR FAX THIS FORM DIRECTLY TO OUR ADMINISTRATIVE OFFICE (contact information below).*

1. **Are you related to the applicant?** Yes  No  If yes, how? \_\_\_\_\_

2. **How long have you known the applicant?** \_\_\_\_\_

3. **Under what circumstances or what capacity?**

4. **How does the applicant accept guidance and respond to authority?**

5. **Can the applicant take responsibility and demonstrate leadership?**  
Please explain

6. **What are the applicant's most significant strengths or abilities?**  
*(Please comment on at least three)*

7. **What are the applicant's most significant weaknesses?**  
*(Please comment on at least three)*

8. Are you aware of any instance of mental or emotional illness or difficulty which the applicant has or has had in the past? If yes, please explain.

9. Do you have any reason to question the applicant's moral character? If yes, please explain.

10. In your opinion, is the applicant typically healthy and strong?

Yes  No  If no, why not? \_\_\_\_\_

Are you aware of any long-term illness or handicap that the applicant has or has had in the past? Yes  No  If yes, please comment on how it would affect his/her ability to take part in our program.

11. Do you have any information or suggestions regarding the applicant that would be helpful to our staff such as medical, emotional, or social facts which should be evaluated?

12. In regards to the applicant's attendance in our program do you:

- recommend wholeheartedly
- recommend with reservations
- do not recommend
- do not know applicant sufficiently

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City, Prov./State \_\_\_\_\_

Postal Code/Zip Code \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_