LIVING WORD SCHOOL OF MINISTRY
SPOUSE RECOMMENDATION FORM

7600 West Roosevelt Road Forest Park, IL 60130-1706

EARLY REGISTRATION BY JUNE 30, 2010

FINAL DATE FOR PROCESSING: AUGUST 1, 2010

Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ Dr. ☐ Rev. ☐ _____

NAME	E-MAIL

ADDRESS	CITY

STATE	ZIP CODE	PRIMARY PHONE	SECONDARY PHONE

Please read before distributing. If married, this form should be completed by the applicant's spouse and should be returned directly to Living Word School of Ministry.

I agree that this confidential statement is being submitted with the understanding that its contents will not be shared with me. I hereby waive my right to see the confidential statement submitted on this form.

_____

Applicant's Signature

To the Spouse:

Each married applicant of the School of Ministry must submit a spouse recommendation. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. Please return this form directly to *Living Word School of Ministry, Attention: Admissions, 7600 W. Roosevelt Rd., Forest Park, IL 60130*. Since we request a candid evaluation, we will hold your comments in strictest confidence. Thank you for your time and assistance.

The following information is to be completed by the Applicant's Spouse

NAME	E-MAIL

Are you saved? ☐ Yes ☐ No **Are you filled with the Holy Spirit?** ☐ Yes ☐ No **Do you speak in tongues?** ☐ Yes ☐ No

Will you be attending SOM with your spouse this September? ☐ Yes ☐ No

Have you previously attended SOM? ☐ Yes ☐ No **If yes, what year?** _____

Are you in full agreement with your spouse attending? ☐ Yes ☐ No *(Please briefly explain your answer)*

Do you believe your spouse is called to the ministry? ☐ Yes ☐ No **If yes, what area of ministry? When?**

Spouse's Signature Date