



**SCOTTSDALE MASTER'S COMMISSION  
1<sup>ST</sup> YEAR APPLICATION 2009 – 2010  
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.

	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>	<b>DON'T KNOW</b>
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?

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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.

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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.