OUR MISSION
Within the context of a loving Christian community, we invite one another to prioritize life-long intimacy with Jesus Christ while developing as incarnational disciple-builders.

COMPLETED BY APPLICANT
Name ____________________________________ Session/Year Admitted ______________ Degree Program ____________

COMPLETED BY RECOMMENDER
If you need additional space, please feel free to use the back of this form.

1. How long and in what setting have you known the applicant?

2. On a scale of 1-5 (1 being the least and 5 being the greatest), indicate the applicant’s strength in each of the following areas:
   - Daily Quiet Time (Devotions) 1—2—3—4—5 Don’t Know
   - Prayer 1—2—3—4—5 Don’t Know
   - Bible Study/Reflection 1—2—3—4—5 Don’t Know
   - Scripture Memorization 1—2—3—4—5 Don’t Know
   - Evangelism/Sharing One’s Faith 1—2—3—4—5 Don’t Know
   - Discerning God’s Will/Calling 1—2—3—4—5 Don’t Know
   - Encouragement/Accountability 1—2—3—4—5 Don’t Know
   - Personal Holiness 1—2—3—4—5 Don’t Know
   - The Lordship of Christ/Obedience 1—2—3—4—5 Don’t Know
   - Other ______________________________ 1—2—3—4—5 Don’t Know

3. Would you recommend this applicant for the fellowship, which includes facilitation of a small group and participation in advancing the mission of the Pierce Center? (see above) ☐ Yes ☐ No (please explain)

Signature __________________________________________________ Date ________________________________
Email ____________________________ Daytime Phone Number ____________________