

# PERSONAL REFERENCE

---

## INSTRUCTIONS

---

Each applicant for admission to East Carolina Master's Commission must submit two confidential recommendations. This form is to be filled out by an individual who has had close interaction with the applicant and is qualified to comment on the applicant regarding various character qualities, and mailed directly to the ECMC offices. This form should NOT be filled out by a family member. Serious consideration will be given to these comments; therefore, we ask that you complete the form carefully and return it directly to the ECMC offices. Your comments will be held in complete confidence. Please circle each number as follows.

1 – No Observation 2 – Poor 3 – Fair 4 – Good 5 – Excellent

## CHARACTER QUALITIES

---

Applicants Name \_\_\_\_\_

Mental Ability	1 2 3 4 5	Financial Responsibility	1 2 3 4 5
Personal Motivation	1 2 3 4 5	Honesty/Openness	1 2 3 4 5
Industry/Achievement	1 2 3 4 5	Moral Standards	1 2 3 4 5
Maturity	1 2 3 4 5	Positive Attitude	1 2 3 4 5
Self-discipline	1 2 3 4 5	Judgment/Common Sense	1 2 3 4 5
Appearance	1 2 3 4 5	Creativity	1 2 3 4 5
Spiritual Growth	1 2 3 4 5	Adaptability/Flexibility	1 2 3 4 5
Church Involvement	1 2 3 4 5	Teamwork	1 2 3 4 5
Self-image	1 2 3 4 5	Servanthood	1 2 3 4 5
Emotional Stability	1 2 3 4 5	Follows Instruction	1 2 3 4 5
Coping With Problems	1 2 3 4 5	Teachability	1 2 3 4 5
Response To Pressure	1 2 3 4 5	Liked By Others	1 2 3 4 5
Reliability	1 2 3 4 5		

**CHARACTER QUALITIES CONT'D**

In your own opinion, which of the following best describes the applicant's Christian witness?

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Mature         | <input type="checkbox"/> Contagious  | <input type="checkbox"/> Genuine And Growing |
| <input type="checkbox"/> Over Emotional | <input type="checkbox"/> Superficial | <input type="checkbox"/> Private             |

What character strengths or weaknesses would you like to comment on? \_\_\_\_\_

---

---

What specific gifts do you recognize in this person? \_\_\_\_\_

---

---

Does this applicant have any persistent habits that you feel would inhibit him/her from successfully fitting in to a fairly intensive program? \_\_\_\_\_

---

---

Comments \_\_\_\_\_

---

---

ReferenceName \_\_\_\_\_

Address \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

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

Please send this form directly to:

East Carolina Master's Commission  
5334 Lamm Road  
Wilson, NC 27893

[www.eastcarolinamc.com](http://www.eastcarolinamc.com)