

Perkins Youth School of Theology  
**Recommendation Form**

**Youth's Name** \_\_\_\_\_

**Recommender's Name** \_\_\_\_\_

**Recommender's Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**TO THE RECOMMENDER:**

1. Review the program with the youth applicant and confirm their commitment to participating if accepted into the program.
  2. Do not leave any questions blank and attach additional sheets if necessary.
  3. Place recommendation form and/or reference letter in a sealed envelope and send with the youth application.
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***Please print or type.***

1. How long and under what circumstances have you known the youth?

2. Describe the youth's involvement in church and community activities.

3. Please comment on the youth's intelligence and academic ability, including creativity, independence of thought, and the ability to communicate ideas.

4. What information can you give about the youth's home conditions and family background that bears upon her/his suitability for admission?

5. Describe the youth's usual way of relating to others (peers and adults), reaction to stress, and typical means of resolving conflict.

6. Please comment briefly on the youth's:

Imagination:

Independence:

Emotional stability:

Acceptance of responsibility:

Persistence:

Tolerance of others:

Awareness/concern regarding social issues:

7. Overall, how would you evaluate this youth's potential to contribute to and benefit from Perkins Youth School of Theology?

Return this form to:

**Southern Methodist University  
Perkins Youth School of Theology  
ATTN: Program Director  
PO Box 750133  
Dallas, TX 75275-0133**