



**MINISTRY TO MINISTERS  
SABBATICAL PROGRAM  
CONFIDENTIAL RECOMMENDATION FORM**



CONFIDENTIAL RECOMMENDATION OF \_\_\_\_\_

By: \_\_\_\_\_ Relation to Above: \_\_\_\_\_

In the space provided, please give us a general idea of the applicant's gifts and areas for growth. The honesty and objectivity of your evaluation are important for the success of our program and well-being of the applicant.

- How long and how well have you known the applicant?
  
- What are the applicant's areas of strength?
  
- What are areas for his/ her growth and development at this time?
  
- Is there anything else that we should know about the applicant?

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Please submit directly to:  
 DIRECTOR, MINISTRY TO MINISTERS PROGRAM  
 109 Oblate Drive, San Antonio, Texas 78216-6613  
 E-mail: [mtm@ost.edu](mailto:mtm@ost.edu) / Telephone: (210) 349-9928/ Website: <https://ost.edu/mtm/>  
**(Please duplicate forms as necessary)**