

Name of Applicant _____

Last Name

First Name

Middle



Summer Seminary Sampler
Trinity Lutheran Seminary
2199 East Main Street
Columbus, OH 43209

For more information or any questions:

(614) 235-4136 x4650

summersampler@tlsohio.edu

Recommendation Form

TO THE RECOMMENDER: The person named above is being considered for admission to the Summer Seminary Sampler of Trinity Lutheran Seminary in Columbus, OH. During this three-week residential program, gifted teenagers with the ability to study and grow in faith will join together to explore vocations, deepen faith, and serve in the community. Through funding provided from Lilly Endowment, Inc. and participation fees, thirty high school sophomores, juniors, and seniors will have the opportunity to participate. The program requires emotional stability, a well-integrated personality, a love of learning, and a willingness to engage in hard work. Please return the completed form to the applicant in a sealed envelope after signing the envelope across the seal. We appreciate your insights in evaluating this applicant.

Please type or print legibly.

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

2. Describe the applicant's involvement in his/her church and community, the applicant's interest in religious issues, and the maturity of his/her spiritual development.

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

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

5. Describe the applicant'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 applicant's

Imagination:

Independence:

Emotional stability:

Acceptance of responsibility:

Persistence:

Tolerance of others:

Awareness/concern regarding social issues:

7. Overall, how would you evaluate this applicant's potential to contribute to and benefit from the Summer Seminary Sampler?

8. Other Comments:

Name _____ Phone (____) _____

Address _____
Street City State Zip code

Occupation _____

Signature _____ Date _____

Please mail, email, or fax completed recommendation to:
Trinity Lutheran Seminary, Attn: Summer Sampler, 2199 E Main St., Columbus, OH 43209
summersampler@tlsohio.edu
Fax: 866-610-8572