



LIVING SPRINGS CHURCH  
**MASTER'S COMMISSION**  
*a generational call to character*

# **STUDENT APPLICATION PACKAGE**

Dear Student,

You are likely reading this letter because you are pursuing entrance into the Master's Commission program. Jesus tells us that, "He who has an ear, let him hear what the Spirit says to the churches." Revelation 2:7.

As we tune our ear we will hear a clear, resounding call to the men and women of this generation. It is a call to live completely surrendered lives in consecrated devotion to our King. It is a call to accurately discern the issues of our culture, embracing truth and saying no to ungodliness. It is a call to minister in the power of the Holy Spirit and to lead by being an example to all believers. Applying to Master's Commission is a response to this call.

It is the goal of Master's Commission that each student that comes through this program will fully embrace the sanctifying work of the Holy Spirit and the call of God on their lives to serve in the Body of Christ. You can expect your time at Master's Commission to be both extremely challenging and greatly rewarding. Beyond that, you can expect to encounter the Lord Jesus Christ in a measure you have yet to experience.

As you prayerfully consider the Lord's call to a deeper level, I invite you to ask yourself, "am I willing to be discipled; to pay the price to become a world-changer and affect my generation for Christ?"

In service to our King,

**Pastor Rob Reimer**  
Director of the Master's Commission

# Final Checklist

Please mail to the Master's Commission all items in the form portion of the packet along with your \$35.00 application fee. The \$35.00 application fee can be paid by cheque, cash or EMT to [masterscommission.lsc@gmail.com](mailto:masterscommission.lsc@gmail.com)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Completed "Enrollment Application"      | <input type="checkbox"/> Completed "Personal Sketch"         | <input type="checkbox"/> Copy of diploma/ GED   |
| <input type="checkbox"/> Criminal Record Check                   | <input type="checkbox"/> Completed "Health Care Information" | <input type="checkbox"/> Signed Commitment Form |
| <input type="checkbox"/> Completed "Confidential References" (2) | <input type="checkbox"/> Completed "Pastor's Reference"      | <input type="checkbox"/> Current Picture        |
| <input type="checkbox"/> \$35.00 Application Fee                 |  |   |

Email to [charlene@livingsprings.life](mailto:charlene@livingsprings.life) or mail to:

**The Master's Commission**  
**3629 Green Bank Road**  
Regina, SK  
S4V 1M2

## Master's Commission Commitment Form

I wish to apply to be a student in the Master's Commission Program.

I have read the entire packet and understand the responsibilities and requirements of being a Master's Commission student as they have been explained. Upon my acceptance, I commit to give myself fully to the standards and expectations of being a student in the Master's Commission. I have read and understand the financial requirements and commit to fulfill them.

I commit to prepare for my time in the Master's Commission by staying under pastoral covering, and pursuing my relationship with the Lord through daily time in the Word and in prayer.

Break Schedule for all classes:

- Christmas Break: December 12th, 2023 – January 2nd, 2024
- Classes will begin again Tuesday January 2nd, 2024

The Applicant's Name (Please Print): \_\_\_\_\_

The Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# APPLICATION FORMS

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# Master's Commission Enrolment Application

The Master's Commission is for people who choose to dedicate one year of their lives to God, and who desire, in the end, to be "...vessels of honor, sanctified useful to the Master, prepared for every good work." (2 Timothy 2:21)

Applicant's Legal Name (Preferred name in parentheses):		
Home Address:		Email Address:
City:	Prov:	Postal Code:
Home Phone: (      )	Work Phone:	Cell Phone:
Age:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Emergency Contact:	Home Phone:	Cell Phone:
Relationship to Student:	Work Phone:	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
License #:		



**Home Church Information**

Home Church Name:

Senior Pastor:

Phone Number:  
(     )

Mailing Address:

Email Address:

**Education \***

Name of Institution	Years Attended	Graduation Date	Diplomas and Degrees Earned	Cumulative GPA
High School				
College				
Other				

**Fundraiser / Ministry Skills***Computer Skills*

Typing Speed — How many words per minute can you type?

Data Entry:    no experience    beginner    intermediate    advanced

Experience using Microsoft Excel:

 no experience    beginner  
 intermediate    advanced


# Medical Information

Please fill out the following as thoroughly and accurately as possible.

Student's Name (last, first, middle):		
Family Physician:	In Case of Emergency, Contact:	
Phone: (      )	Work Phone:	Cell Phone:
Please list any ongoing physical conditions you have that require self-care, a special diet, or a doctor's supervision:		
Allergies:		
Medications you are currently taking (optional):		





# Personal Sketch

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

Name: \_\_\_\_\_

*\* Please attach a current photograph of yourself.*

## **Please answer the following as completely as possible:**

- Describe a time in your life when you really needed the Lord (other than salvation).
- What areas of your life do you need change or growth in?
- Please write a brief personal testimony of how you met the Lord and a description of your current relationship with Him.
- Who has influenced your life the most?
- List and explain the 2 most significant events of your Christianity apart from salvation and Baptism of the Holy Spirit.
- What are your reasons for wanting to participate in the Master's Commission.
- List honors and awards you have received.
- List extracurricular activities you have been involved in. (sports, music, debate, etc.)
- What goals do you have? (i.e., college, military, business, ministry, etc.)





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# PASTORAL REFERENCE

**Please email to: [charlene@livingsprings.life](mailto:charlene@livingsprings.life) or mail to:**  
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**Regina, SK**  
**S4V 1M2**

## Pastor's Reference Form

**To the Applicant:** This reference should be completed by your pastor and mailed directly to us. If a person other than your pastor (assistant pastor or youth pastor) completes the form, an explanation should be provided.

**To the Pastor:** We would appreciate it if you would supply the information requested on this form in order to aid us in evaluating the applicant's suitability to be in the program. The applicant cannot be considered until all reference forms are received, therefore your speedy completion of this form would be very much appreciated. Please be as honest and forthright as possible. Your evaluation is very important to us. This reference will be kept in confidence. Thank you for your assistance.

The Applicant's Name: (Please Print)				
Name of Reference: (Please Print)				
City:	Prov:	PC:	Phone:	Email:
Church & Denomination:				
Position in church:				
Signature:			Date:	

**Please return all pages of this form and signed. You may send a letter of reference to share any additional information that might be beneficial.**

**Please email to:** [charlene@livingsprings.life](mailto:charlene@livingsprings.life) **or mail to:**  
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**3629 Green Bank Road**  
**Regina, SK**  
**S4V 1M2**

**TYPE OR PRINT ALL ITEMS IN INK:**

1. How long have you known the applicant? \_\_\_\_\_
2. How long has the applicant attended your church? \_\_\_\_\_
3. How well do you know him/her?  
 Very well       Fairly well       Casually       By name/sight
4. In your association with the applicant, what has been the level of commitment to Christ you have seen exemplified?  
 Faithful               Inconsistent               Other \_\_\_\_\_
5. Evaluation of the applicant's emotional maturity (please check one)  
 Outstandingly mature. Has proven his/her ability to operate under stress and pressure.  
 More mature and emotionally stable than average.  
 Possesses adequate emotional stability and maturity.  
 Doubtful. Experience has shown that the applicant might not be able to endure stress.  
 Applicant has frequently demonstrated inability to cope with stress.

Comments:

\_\_\_\_\_

6. How does the applicant usually react in trying situations? (check one)  
 Withdraws       Meet constructively       Gets angry       Accepts patiently  
 Gets discouraged       Other, explain: \_\_\_\_\_
7. Has the applicant proven on any occasion to be unreliable, dishonest, or of questionable character?       Yes               No

If yes, please explain: \_\_\_\_\_

8. As far as you know, has the applicant ever been arrested for any offence?

Yes               No

If yes, please explain:

\_\_\_\_\_

9. Evaluation of the applicant's over-all characteristics (please check one under each category).

Physical Condition	Willingness to Serve	Relationships
<input type="checkbox"/> Frequently incapacitated <input type="checkbox"/> Below average <input type="checkbox"/> Fairly healthy <input type="checkbox"/> Good health <input type="checkbox"/> Vigorous	<input type="checkbox"/> Reluctant to serve <input type="checkbox"/> Motive to serve confused <input type="checkbox"/> Usually willing to serve <input type="checkbox"/> Eager to serve as needed	<input type="checkbox"/> Avoided by others <input type="checkbox"/> Tolerated by others <input type="checkbox"/> Liked by others <input type="checkbox"/> Well liked by others
Intelligence	Leadership Ability	Christian Experiences
<input type="checkbox"/> Learns and thinks slowly <input type="checkbox"/> Average mental ability <input type="checkbox"/> Alert/Has a good mind <input type="checkbox"/> Brilliant/Exceptional	<input type="checkbox"/> Makes no effort to lead <input type="checkbox"/> Tries but lacks ability <input type="checkbox"/> Has some leadership ability <input type="checkbox"/> Good leadership ability <input type="checkbox"/> Unusual ability to lead	<input type="checkbox"/> Relatively superficial <input type="checkbox"/> Overemotional <input type="checkbox"/> Genuine but mild <input type="checkbox"/> Genuine and growing <input type="checkbox"/> Warmly contagious
Teamwork	Responsiveness to Others	Achievement
<input type="checkbox"/> Frequently causes friction <input type="checkbox"/> Insists on having own way <input type="checkbox"/> Usually cooperative <input type="checkbox"/> Works well with others	<input type="checkbox"/> Slow sensing how others feel <input type="checkbox"/> Reasonably responsive <input type="checkbox"/> Understanding & thoughtful <input type="checkbox"/> Usually responsive and Understanding	<input type="checkbox"/> Starts but does not finish <input type="checkbox"/> Does only what assigned <input type="checkbox"/> Meets average expectations <input type="checkbox"/> Takes initiative

10. Please check words that describe the applicant (choose only a few that stand out).

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Teachable     | <input type="checkbox"/> Nervous       | <input type="checkbox"/> Flexible        | <input type="checkbox"/> Easily discouraged |
| <input type="checkbox"/> Moody         | <input type="checkbox"/> Dependable    | <input type="checkbox"/> Committed       | <input type="checkbox"/> Humorous           |
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Anxious       | <input type="checkbox"/> Tolerant        | <input type="checkbox"/> Wise               |
| <input type="checkbox"/> Critical      | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Domineering     | <input type="checkbox"/> Enthusiastic       |
| <input type="checkbox"/> Lacking humor | <input type="checkbox"/> Motivated     | <input type="checkbox"/> Disciplined     | <input type="checkbox"/> Patient            |
| <input type="checkbox"/> Good listener | <input type="checkbox"/> Stable        | <input type="checkbox"/> Peaceful        | <input type="checkbox"/> Easily embarrassed |
| <input type="checkbox"/> Prejudiced    | <input type="checkbox"/> Kind          | <input type="checkbox"/> Easily offended | <input type="checkbox"/> Servant's heart    |

11. In your opinion, in which of the following areas of ministry does the applicant seem gifted?

- |  |                                       |  |                                     |
|--|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Secretarial  | <input type="checkbox"/> Children's Work | <input type="checkbox"/> Worship    |
| <input type="checkbox"/> Teaching      | <input type="checkbox"/> Discipleship | <input type="checkbox"/> Evangelism      | <input type="checkbox"/> Welding    |
| <input type="checkbox"/> Music         | <input type="checkbox"/> Counseling   | <input type="checkbox"/> Prayer          | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Carpentry     | <input type="checkbox"/> Medical      | <input type="checkbox"/> Administration  | <input type="checkbox"/> Computers  |
| <input type="checkbox"/> Hospitality   | <input type="checkbox"/> Encourager   | <input type="checkbox"/> Plumbing        | <input type="checkbox"/> Dance      |
| <input type="checkbox"/> Drama         | <input type="checkbox"/> Art          | <input type="checkbox"/> Laboring        | Other: _____                        |
| <input type="checkbox"/> Youth         | <input type="checkbox"/> Seniors      |  |                                     |

12. Do you recommend the applicant for acceptance as a student of the Master's Commission?

- Yes, unreservedly  
  Yes, hesitantly  
  No



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# CONFIDENTIAL

## Reference #1

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**3629 Green Bank Road**  
**Regina, SK. S4V 1M2**

# Confidential Reference #1

**The Applicant's Instructions:** This form is to be filled out and mailed directly to the Master's Commission. This form should not be filled out by a family member.

**The Reference's Instructions:** Each applicant for admission to the Master's Commission must submit recommendations. Serious consideration will be given to your comments; therefore, we ask that you complete this form carefully and return it directly to the Master's Commission. Your comments will be held in confidence. Any additional comments can be added on a separate sheet of paper.

The Applicant's Name: (Please Print)				
Name of Reference: (Please Print)				
City:	Prov	PC	Phone: ( )	Email:
Church & Denomination:				
Position in church:				
Signature:			Date:	

1. You have known the applicant for \_\_\_\_\_ years and consider your relationship to be:  
 very close  fairly close  an acquaintance  minimal

2. Relationship to the applicant is:  
 High school teacher  College teacher  Employer  Friend  other \_\_\_\_\_

3. In your opinion this applicant's Christian witness is which of the following?  
 mature  contagious  genuine and growing  superficial  other

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

5. What specific gifts do you recognize in this applicant?  
\_\_\_\_\_

6. Does this applicant have any persistent habits that you feel would hinder him/her from fitting into a fairly intensive program?  
\_\_\_\_\_

7. Would you recommend this applicant for acceptance to the Master's Commission program?  Yes  No  Hesitant

Why? \_\_\_\_\_

	Excellent	Good	Fair	Poor	No Observation
MENTAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEACHABLE SPIRIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIKED BY OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAN EXPRESS FEELINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO MOTIVATE, TRAIN OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO PLAN/SET GOALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL CONDITION/HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDUSTRY/ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISPOSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL DEVOTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH ATTENDANCE/INVOLVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPIRITUAL GROWTH OBSERVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-IMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPING WITH PERSONAL PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSE TO PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIABILITY/FAITHFULNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPENNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORAL STANDARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSITIVE ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOLLOWS INSTRUCTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTHUSIASM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGMENT/COMMON SENSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVANTHOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADAPTABILITY/FLEXIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAMWORK/COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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# CONFIDENTIAL

## Reference #2

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**Regina, SK**  
**S4V 1M2**

## Confidential Reference #2

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The Applicant's Name: (Please Print)				
Name of Reference: (Please Print)				
City:	Prov:	PC:	Phone: (    )	Email:
Church & Denomination:				
Position in church:				
Signature:				Date:

1. You have known the applicant for \_\_\_\_\_ years and consider your relationship to be:  
 very close  fairly close  an acquaintance  minimal

2. Relationship to the applicant is:  
 High school teacher  College teacher  Employer  Friend  Other

---

3. In your opinion this applicant's Christian witness is which of the following?  
 mature  contagious  genuine and growing  superficial  
 other \_\_\_\_\_

4. What character strengths or weaknesses would you like to comment on?

---

5. What specific gifts do you recognize in this applicant?

---

6. Does this applicant have any persistent habits that you feel would hinder him/her from fitting into a fairly intensive program?

---

7. Would you recommend this applicant for acceptance to the Master's Commission program?  Yes  No  Hesitant

Why? \_\_\_\_\_

	Excellent	Good	Fair	Poor	No Observation
MENTAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEACHABLE SPIRIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIKED BY OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAN EXPRESS FEELINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO MOTIVATE, TRAIN OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO PLAN/SET GOALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL CONDITION/HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL MOTIVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDUSTRY/ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISPOSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL DEVOTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH ATTENDANCE/INVOLVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPIRITUAL GROWTH OBSERVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-IMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPING WITH PERSONAL PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSE TO PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIABILITY/FAITHFULNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAMWORK/COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORAL STANDARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSITIVE ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVANTHOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTHUSIASM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGMENT/COMMON SENSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOLLOWS INSTRUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADAPTABILITY/FLEXIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>