

Letter of Recommendation



Applicant's Name

Waiver: I hereby waive my right to examine at any future time this Letter of Recommendation, which I understand will become part of my Admission File at Diocese of Salt Lake City.

Name of applicant _____ Date _____

X

Signature of Applicant

To Be Completed by the Person Recommending the Applicant

Name of Person Submitting Recommendation _____

The above-named person is applying for admission to the Lay Ecclesial Ministry Formation Program, an offering by the Office of Religious Education, Diocese of Salt Lake City.

Letter of Recommendation

We request your candid appraisal of _____ including the person's capacity for theological and ministerial education. After completing the form you may either mail it directly to the Office of Religious Education or return the letter in a sealed envelope, with your signature over the back flap, for the applicant's submission with the application.

1. How long have you known this applicant?
2. In what capacity have you known this applicant?
3. What is your present relationship to this applicant?

4. Please check the boxes to indicate your assessment of the applicant's skills and abilities:
 1 (Below) 2(Average) 3(Above) 4 (Superior) 5 Not Observed

Moral Character					
Emotional Maturity					
Leadership Capacity					
Work Habits					
Study Habits					
Intellectual Curiosity					
Skills for Self-Reflection					
Humility and Openness to Other Points of View					
Ability to Listen					

5. What is your overall assessment of the applicant's ability to work collaboratively with others?

6. What is your overall assessment of the applicant's ability to make meaningful connections between theological ideas and concrete life situations?

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7. Is there something else you would like to share about this candidate? *(Please attach on a separate piece of paper.)*

I, (check one)

- highly recommend,
- recommend,
- recommend with reservation,
- do not recommend

the above candidate for the Lay Ecclesial Ministry Formation Program.

(Please attach reasons for reservations or not recommending.)

X

Name of Person Recommending the Applicant

Date

Complete Mailing Address

Phone Numbers

Letter of Recommendation

Please Return **by June 30, 2024**

To:

Diocese of Salt Lake City
Office of Religious Education
27 C Street
Salt Lake City, UT 84103

Telephone: 801-328-8641x326
FAX: 801-328-9680
e-Mail: Susan.Northway@dioslc.org