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___________________________

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.
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:

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<tr>
<th>Moral Character</th>
<th>1 (Below)</th>
<th>2 (Average)</th>
<th>3 (Above)</th>
<th>4 (Superior)</th>
<th>5 Not Observed</th>
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<tr>
<td>Emotional Maturity</td>
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<td>Leadership Capacity</td>
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<td>Work Habits</td>
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<td>Study Habits</td>
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<td>Intellectual Curiosity</td>
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<td>Skills for Self-Reflection</td>
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<td>Humility and Openness to Other Points of View</td>
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<td>Ability to Listen</td>
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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?
Letter of Recommendation

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.)

Name of Person Recommending the Applicant __________________________ Date __________

Complete Mailing Address

Phone Numbers __________________________

__________________________
Letter of Recommendation

Please Return by June 30, 2023 To:

Diocese of Salt Lake City
Office of Religious Education; Susan Cook Northway, Director
27 C Street
Salt Lake City, UT 84103

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