

## SPIRITUAL RECOMMENDATION

Dear Applicant:

Healing Care Ministries is concerned with your professional and your personal development. Your spiritual formation is important to us. Please request a letter of recommendation (1-2 pages) from someone you respect who knows you spiritually.

- I waive the right to review this letter.
- I reserve the right to review this letter.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Please give this form to the person recommending you.*

Dear Friend:

The individual who gave you these instructions is applying for the Certificate in Formational Care. A significant goal of the program is to help each applicant grow in his or her own spiritual journey.

To help us encourage and mentor this applicant, please write a 1 to 2 page letter describing:

1. The evidence of his/her faith in life.
2. The potential for his/her spiritual growth.
3. The impact of his/her spiritual influence.

Please send this form and a copy of your letter to:

Healing Care Ministries  
PO Box 96  
Ashland, OH 44805

-or-

Email it to [Michelle@healingcare.org](mailto:Michelle@healingcare.org)

- This recommendation is confidential and to be withheld from the applicant.
- This recommendation may be shared with the applicant.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

*Thank you for participating in this process.*