



## Spousal Recommendation

*All answers and comments are kept confidential.*

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Background Information

Applicant's Name: \_\_\_\_\_

How long have you been married?: \_\_\_\_\_

Check the boxes that best describe your relationship with your spouse:

- |  |   |
|--|---|
| <input type="checkbox"/> <i>Content</i>                | <input type="checkbox"/> <i>Joyful</i>  |
| <input type="checkbox"/> <i>Encouraging/Supportive</i> | <input type="checkbox"/> <i>Routine</i> |
| <input type="checkbox"/> <i>Distant</i>                | <input type="checkbox"/> <i>Fun</i>     |
| <input type="checkbox"/> <i>Strong partnership</i>     |   |

Are you aware of the time commitment of Mount Hope Leadership School? (Possibly 20-40 hours)  *Yes*  *No*

Do you believe your marriage/family and finances are in a healthy place to handle the additional responsibilities?  *Yes*  *No*

Please share any additional information: \_\_\_\_\_

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Do you believe Mount Hope Leadership School is part of God's plan to move your lives forward as a couple?  *Yes*  *No*

*Mail completed form to:*  
*Mount Hope Leadership School*  
*Attn: Admissions*  
*202 S. Creyts Road*  
*Lansing, MI 48917-9284*

*Or submit via email to:*  
*mhls@mounthopechurch.org*