



Church Leader Reference

A. Student Information

Name- _____

Address- _____

Phone(s)- _____

Degree Program Applied For- _____

B. Church Leader Information

Leader Name- _____

Church Name- _____

Address- _____

Phone(s)- _____

C. Evaluation

1. How long have you known the applicant? _____

2. What are the applicant's greatest strengths? _____

3. Does the applicant evidence a call to ministry? yes no What area?

4. Please evaluate the applicant on the following by checking the appropriate category.

S-Superior A-Average NI-Needs Improvement NO-Not Observed

Qualifications	S	A	NI	NO	Qualifications	S	A	NI	NO
Christian character					Oral expression				
Denominational soundness					Written expression				
Leadership ability					Personal appearance				
Interpersonal skills					Self confidence				
Sense of responsibility					Ability to accomplish tasks				
Financial responsibility					Ability to work well with others				
Intellectual ability									



5. Does the applicant use tobacco, alcohol, or any drug? yes no Please explain:

6. Do you know if the applicant been arrested for any reason? yes no Please explain:

7. Does the applicant have habits that might hinder ministry? yes no Please explain:

8. Are you aware of any problems, in the past or present of the applicant that could affect his or her training for ministry? yes no Please explain:

D. Attestment

Do you conscientiously recommend this applicant for ministry training at ANBS?

Highly Recommend Recommend with Reservation Recommend Cannot Recommend

Signature

Date