

Education

High School _____ Graduated? Y N

GED? Y N Date of Graduation or GED _____ / _____ / _____

College _____

Date Attended _____ / _____ / _____ Graduated Y N Highest Degree Attained: _____

Church Information

Church Name _____ Denomination _____

Pastor's Name _____ Church Phone _____

Address _____ City _____ State _____ Zip _____

How long have you attended the church named above? _____ Year _____ Month _____ Are you a member? Y N

If you have attended the Church named above less than one year, please fill in the needed information below:

Previous Church's Name _____ Denomination _____

City _____ State _____ Pastors Name _____ Phone _____

How long did you attend the church named above? _____ Year _____ Month _____ Were you a member? Y N

Spiritual

When did you accept Jesus as your Savior? _____

How did you become a born again Chrsitian? _____

Describe your daily walk God.

Do you feel called to full time ministry? Y N

Please describe any ministry experience which you have had.

To what aspect of ministry service do you feel called? Please explain (Pastor, Evangelism, Missions, Worship, Children's Ministry, Youth Ministry, etc.)

Why do you want to attend Bethel School of Ministry?

What are your expectations for this Term?

Have you spoken to your pastor about attending the Bethel School of Ministry? Y N

If so does he/she support your desire to attend?

*Signature*_____

*Date*_____

Last Name _____

Pastoral Recommendation

To The Applicant:

Applicant's Name _____

Please complete this section.

Date _____ / _____ / _____

First

Middle

Last

The person named above is applying for admission to Bethel School of Ministry. Serious consideration will be given to your comments. This recommendation will be kept confidential. Thank you for your assistance. When complete, please enclose in an envelope, seal, and sign over the seal.

Name _____

Address _____ Phone (_____) _____

1. How long have you known the applicant? _____

2. How well do you know applicant? By name Casually Fairly Well Very Well

3. Describe the applicant by checking the following.

	Excellent	Good	Fair	Poor	Unknown
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Character	_____	_____	_____	_____	_____
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Leadership	_____	_____	_____	_____	_____
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Cooperative	_____	_____	_____	_____	_____
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Appearance	_____	_____	_____	_____	_____
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Emotional	_____	_____	_____	_____	_____
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Stability	_____	_____	_____	_____	_____
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Initiative	_____	_____	_____	_____	_____
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Compassion	_____	_____	_____	_____	_____
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Social Ability	_____	_____	_____	_____	_____
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Response to Authority	_____	_____	_____	_____	_____
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Seriousness of Purpose	_____	_____	_____	_____	_____
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Teachable	_____	_____	_____	_____	_____
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Respectful	_____	_____	_____	_____	_____
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4. To the best of your knowledge, what ministry has the applicant been involved in?

5. What do you consider as the applicant's strengths? _____

6. What do you consider as the applicant's weakness? _____

7. Do you have any reservations about this applicant? _____

8. Do you believe the applicant is or may be called to the ministry? _____

Please Check One:

I Recommend

I Recommend With Reservation

I do not recommend

Please Comment: _____

Signature _____

Date _____

Last Name

General Recommendation

To The Applicant:

Please complete this section.

Date / /

Applicant's Name

First

Middle

Last

The person named above is applying for admission to Bethel School of Ministry. Serious consideration will be given to your comments. This recommendation will be kept confidential. Thank you for your assistance. When complete, please enclose in an envelope, seal, and sign over the seal.

Name

Address Phone

1. How long have you known the applicant?

2. How well do you know applicant? By name Casually Fairly Well Very Well

3. Describe the applicant by checking the following.

	Excellent	Good	Fair	Poor	Unknown
Character	<input type="checkbox"/>				
Leadership	<input type="checkbox"/>				
Cooperative	<input type="checkbox"/>				
Appearance	<input type="checkbox"/>				
Emotional Stability	<input type="checkbox"/>				
Initiative	<input type="checkbox"/>				
Compassion	<input type="checkbox"/>				
Social Ability	<input type="checkbox"/>				
Response to Authority	<input type="checkbox"/>				
Seriousness of Purpose	<input type="checkbox"/>				
Teachable	<input type="checkbox"/>				
Respectful	<input type="checkbox"/>				

4. To the best of your knowledge, what ministry has the applicant been involved in?

5. What do you consider as the applicant's strengths?

6. What do you consider as the applicant's weakness?

7. Do you have any reservations about this applicant?

8. Do you believe the applicant is or may be called to the ministry?

Please Check One.

I Recommend

I Recommend With Reservation

I do not recommend

Please Comment:

Signature

Date

Last Name _____

General Recommendation

To The Applicant this recommendation should be filled out by a youth leader, teacher, or close friend.

Please complete this section. Date _____ / _____ / _____

Applicant's Name _____

First

Middle

Last

The person named above is applying for admission to Bethel School of Ministry. Serious consideration will be given to your comments. This recommendation will be kept confidential. Thank you for your assistance. When complete, please enclose in an envelope, seal, and sign over the seal.

Name _____

Address _____ Phone (_____) _____

1. How long have you known the applicant?

2. How well do you know applicant? By name Casually Fairly Well Very Well

3. Describe the applicant by checking the following.

	Excellent	Good	Fair	Poor	Unknown
Character	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Cooperative	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____
Emotional	_____	_____	_____	_____	_____
Stability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Compassion	_____	_____	_____	_____	_____
Social Ability	_____	_____	_____	_____	_____
Response to Authority	_____	_____	_____	_____	_____
Seriousness of Purpose	_____	_____	_____	_____	_____
Teachable	_____	_____	_____	_____	_____
Respectful	_____	_____	_____	_____	_____

4. To the best of your knowledge, what ministry has the applicant been involved in?

5. What do you consider as the applicant's strengths?

6. What do you consider as the applicant's weakness?

7. Do you have any reservations about this applicant?

8. Do you believe the applicant is or may be called to the ministry?

Please Check One:

I Recommend

I Recommend With Reservation

I do not recommend

Please Comment: _____

Signature _____

Date _____