

# Family of Faith College

## Applicant's Pastoral Recommendation

*Family of Faith College and those persons acting in official capacities on behalf of the college, will not discriminate in hiring practices, enrollment procedures, or administrative policies against any person on the basis of race, color, national origin, sex, or physical disability.*

**Instructions to Applicant:** Please complete the first section of this recommendation and then give it to your pastor. If the pastor is a relative, please give this form to another minister, elder, or leader in your church. You may wish to provide the pastor with a stamped envelope addressed to Family of Faith College. No action will be taken on your application until this form is received.

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Applicant's Name (Please Print)

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Number and Street

Apt. #

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City

State/Province

Country

Postal Code

I am authorizing the release of the following information to be considered in my application for admission to Family of Faith College. I understand that the information will be held in confidence by the College and will not be released to me or anyone else. I understand that the person completing the information below will mail this questionnaire directly to Family of Faith College.

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Applicant Signature

**Instructions to Pastor:** The remainder of this form is to be completed by you, the pastor of the applicant. Family of Faith College greatly respects and values the continued covering and oversight given by pastors who send church members for training at our college. In order to make an intelligent and prayerful selection of students, we need to learn something about this applicant's abilities and needs before he/she comes to Family of Faith College. Feel free to answer all questions frankly. This information will be held in strict confidence by the college and will not be made available to the applicant. Any additional comments that you may have are appreciated and may be attached to this form. This person's application cannot be further processed until we hear from you. Thank you for your assistance and your promptness. Please mail the completed form to:

*Director of Admissions, Family of Faith College, P.O. Box 1805, Shawnee, OK USA 74802-1805*

1. What is your relationship with this person? \_\_\_\_\_
2. When did this person accept Jesus Christ as personal Savior? \_\_\_\_\_
3. When did this person receive the infilling of the Holy Spirit? \_\_\_\_\_
4. Is this person maturing and growing in his/her faith? \_\_\_\_\_
5. Would the applicant make a good role model for children and youth? \_\_\_\_\_
6. Has the applicant held any leadership position in your church? If so, please describe.

