



# APPLICANT'S REFERENCE FORM

(To be filled by the Applicant's Pastor)

Applicant's Name .....

Pastor's Name .....

Church Name .....

Pastor's Phone No. ....

Church Address .....

Email Address .....

Is there any lawful or mortal impediment to the applicant's training at Intensive Bible School?

(Yes/No) .....

What are the applicant's responsibilities in your church?

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Is the applicant under the church sponsorship? (Yes/No) .....

Do you recommend this applicant for admission to Intensive Bible School? (Yes/No)

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Thank you for your cooperation.

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Pastor's Sign & Date

(To Be Completed by the coordinator of Intensive Bible School)

This is to certify that the above named applicant had duly been registered as a student of Intensive Bible School.

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Rector's Sign/Date

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CAMPUS