

PASTOR/MINISTRY AGENCY REFERENCE FORM



Toll-Free: 888.790.8754 E-mail: deploy@grace.edu

to be completed by applicant

(please print)

Last Name _____ First _____ Middle _____

Email _____

Program Options: ☐ Master of Arts in Local Church Ministry ☐ Master of Divinity in General Ministry

I waive any right of access to see the completed recommendation, knowing that this waiver is not required as a condition for admission.

Signature: _____ Date: ____/____/____

to be completed by reference person

NOTE: This reference must be received before the student's application will be evaluated.

(please print)

Last Name _____ First _____ Middle _____

Church Address _____ City _____ State _____ Zip _____

Church _____ Title/Position _____

Email _____ Telephone _____

Please indicate your association or contact with the applicant (check all that apply). I have:

☐ known the applicant for _____ years. ☐ observed the applicant's service in the church. ☐ Other _____

Please indicate your perception of the applicant.

This information is treated confidentially and is employed in evaluating the applicant.

We value your comments and ask that you give a full and candid report so that fair consideration may be given to the applicant.

	Poor	Average	Good	Superior	Not Sure
Demonstrates clear-cut and worthy ministry goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has the support of his/her spouse (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates responsibility necessary to achieve goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accepts well-meant criticism and uses it constructively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows insight in identifying problems and seeks constructive solutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participates willingly and effectively in a group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows leadership ability when the occasion permits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relates with others in a healthy way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates clearly and effectively (orally and in writing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possesses biblical ethics and integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possesses appropriate self-awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates a growing love for God and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is an Effective Listener	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is Teachable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

to be completed by reference person (continued)

What is your overall evaluation of the applicant?

What potential do you see for effectiveness in ministry?

What area(s) do they need improvement?

Please mark the term that best describes your recommendation of this applicant:

- ☐ Very High ☐ High ☐ Average ☐ Low ☐ Not Recommended
- ☐ I prefer to discuss this further. Please ☐ Call me at the provided phone number
☐ Email me at the provided email address

Signature: _____ Date: ____/____/____

Thank you for taking the time to complete this form.

Please mail this completed form to:

Grace Theological Seminary • Office of Seminary Admissions • 200 Seminary Drive • Winona Lake, Indiana • 46590

or

Scan and email as a PDF to *deploy@grace.edu*