

# PASTORAL REFERENCE



Please fill out the top section and present to a Pastor, Elder or Ministry Leader in the church you currently attend, who has known you for at least one year and is not a relative.

## TO BE COMPLETED BY THE APPLICANT:

**Program:**

- M.Div
- MPS
- MA
- Non-Degree

**Campus:**

- Nyack, NY
- New York City
- Online

**Enrollment Date:**

- Fall, 20\_\_\_\_\_
- Spring, 20\_\_\_\_\_
- Summer, 20\_\_\_\_\_

|                               |                           |            |                |                   |
|-------------------------------|---------------------------|------------|----------------|-------------------|
| <input type="checkbox"/> Mr.  |                           |            |                |                   |
| <input type="checkbox"/> Mrs. | LAST NAME                 | FIRST NAME | MIDDLE INITIAL | PREFERRED         |
| <input type="checkbox"/> Miss |                           |            |                |                   |
| <input type="checkbox"/> Ms.  | ADDRESS, CITY, STATE, ZIP |            |                | D.O.B. (mm/dd/yy) |
| <input type="checkbox"/> Dr.  |                           |            |                |                   |
| <input type="checkbox"/> Rev. | HOME PHONE                | CELL PHONE | E-MAIL ADDRESS |                   |

Please sign below if you wish to waive your right under the Family Educational Right and Privacy Act of 1974 to access this recommendation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED BY THE REFERENCE:

The above named applicant is applying for admission to ATS. Upon completion, please mail, email or fax as indicated on the back of this form. We value your comments, and ask that you provide a full and candid report so that fair consideration may be given to the applicant.

1. How long have you known the applicant? \_\_\_\_\_
2. What is the nature of your relationship?  Pastor  Elder  Ministry Leader: \_\_\_\_\_  Other \_\_\_\_\_
3. How well do you know the applicant? (circle on scale) 

|        |             |           |   |   |
|--------|-------------|-----------|---|---|
| 1      | 2           | 3         | 4 | 5 |
| Casual | Fairly Well | Very Well |   |   |
4. To the best of your knowledge has the applicant made a personal commitment to Jesus Christ?  
 Yes  No  Don't Know
5. To what extent is the applicant engaged in the ministries of your church?  
 Not Involved  Somewhat Involved  Involved  Very Involved
6. To the best of your knowledge does the applicant show evidence of a vital growing relationship with Jesus Christ?
7. In your opinion does the applicant have attitudes or habits which are **NOT** consistent with mature Christian faith and practice?
8. What is the applicant's spiritual influence in your church?  Positive  Negative  Neutral
9. In social relationships, the applicant is:  Sought Out  Well Received  Tolerated
10. To your knowledge does the applicant smoke, drink excessively, or use habit-forming drugs? Please comment.
11. Please describe positive and/or negative home factors which might affect the applicant's success at Alliance Theological Seminary.
12. Do you have any reservations with regard to the applicant's decision to pursue a seminary education at this time in her/his life?  Yes (please comment below)  No

How would you rate this person in the following areas? (please put a check in the appropriate box)

|                            | Low                      | Average                  | High                     | Do Not Know              |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Christian Character        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Stability        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ministry Potential         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spiritual Maturity         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Servant's Heart            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern for Others         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Maturity            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability/Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perseverance               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Warmth of Personality      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sense of Humor             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**If there is any additional information you think will assist us in the evaluation process, please provide such information below.**

**Your evaluation of this candidate for admission to ATS:**

For Academic Promise:

- Not Recommended    Recommended without Enthusiasm    Strongly Recommended    Enthusiastically Recommended

For Character and Personal Promise:

- Not Recommended    Recommended without Enthusiasm    Strongly Recommended    Enthusiastically Recommended

Overall Recommendation:

- Not Recommended    Recommended without Enthusiasm    Strongly Recommended    Enthusiastically Recommended

Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_ FULL NAME  
 Miss \_\_\_\_\_  
 Ms. \_\_\_\_\_ POSITION ORGANIZATION/CHURCH  
 Dr. \_\_\_\_\_  
 Rev. \_\_\_\_\_ STREET ADDRESS, CITY, ST, ZIP

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Nyack/ATS Alumnus?  Yes  No

Would you like to receive information about Nyack? If yes, please check which programs:  Undergrad  Degree Completion  
 MA Counseling  MBA  MS Organizational Leadership  MS Education  MSW  Seminary  DMin

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to:** ATS Admissions  
 1 South Blvd.  
 Nyack, NY 10960

**Fax to:** 845-358-3047

**Scan and email to:** admissions.grad@nyack.edu

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