



All Saints Bible College
of the Church of God in Christ, Inc.
930 Mason Street • Memphis, TN 38126 • (901) 332-4012

OFFICIAL REFERENCE
(To be completed by Pastor or Church Official)

APPLICANT INFORMATION

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip _____

Public law gives you the right to review this reference form after you enroll at All Saints Bible College if you so desire. You may retain this right under the law, or you may choose to waive this right in order that the answers given by the person referring you to All Saints Bible College may remain confidential. If you desire to waive your right to review this form in order to make this reference a confidential report, please sign below.

APPLICANT'S SIGNATURE _____ DATE: _____

Please complete the following to the best of your knowledge of the applicant.

1. The length of my relationship with the applicant is:
Less than 1 year 1 - 3 years 3 - 5 years more than 5 years

2. I know the applicant:
Extremely well rather well casually

3. The applicant's marital status is:
Single (never married) married divorced separated widowed

a. Are the applicant's relationships to family members a credit to Christian ministry?
Yes No

b. If married, is the applicant's partner fully in accord with the plan to train for vocational Christian work? Yes No

Comments: _____

4. How long has the applicant been a Christian? _____

5. Is the applicant living a consistent Christian life? Yes No

6. I would rate the applicant's attitude toward authority and instruction as: Excellent Acceptable Inconsistent Poor

7. Are you familiar with any anti-social behavior or criminal activity on the part of the applicant with which the school should be



familiar? Yes No

If yes, please explain. _____

OFFICIAL REFERENCE *cont.*

8. Please check any of the following that may apply to the applicant:

Disciplined, dropped from school Involved in questionable moral conduct

If you checked any of these, please explain: _____

9. Please rate the applicant regarding:

A. attendance at services of the church. Consistent Frequent Occasional Seldom

Comments: _____

B. participation in activities of the church. Consistent Frequent Occasional Seldom

Comments: _____

C. involvement in ministry or service. Consistent Frequent Occasional seldom

Comments: _____

10. Please list any specific abilities you have observed in the applicant that would enhance his or her effectiveness in ministry:

11. I would rate the applicant's commitment to a career in vocational Christian service as:

Definite Highly probable Willing, but uncertain Improbable

12. Do you recommend this applicant for study? Yes, without reservation Yes, but with reservations No

13. If needed, is your church willing to provide financial assistance for the applicant?

Yes No

Religious Information (optional)

Your denomination or religious tradition: _____

The local church that you attend or serve: _____

Location

Pastor/Minister's Name

How do you serve in your local church? _____

If you are a member of the Church of God in Christ, supply the following information:



Jurisdiction

Bishop's name

Women's Supervisor

Are you Licensed or Ordained? Date of Ordination: _____

Denomination/Church issuing above credentials: _____

To what form of Christian service do you want to devote your life? _____

ADDITIONAL COMMENTS: _____

Name: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Signature: _____ Date: _____

Please accept our thanks for your time and effort given to filling out this form. Please return the completed form to the: