

CHURCH OR ORGANIZATION REFERENCE



Alliance Theological Seminary
One South Boulevard • Nyack, NY 10960
800-541-6891

DOCTOR OF MINISTRY PROGRAM

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:

Enrollment Date:

- Spring, 20_____
- Summer, 20_____

- Mr.
- Mrs.
- Miss
- Ms.
- Dr.
- Rev.

LAST NAME	FIRST NAME	MIDDLE INITIAL	PREFERRED
ADDRESS, CITY, STATE, ZIP			
HOME PHONE			D.O.B. (mm/dd/yy)
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. To the best of your knowledge has the applicant made a personal commitment to Jesus Christ?
 Yes No Do Not Know
2. How long did the applicant serve your church/organization? _____
3. In what capacity did he/she serve? Pastor Elder Ministry Leader: _____ Other _____
4. Indicate the specific area in which your church/organization benefited from the applicant's leadership.

5. In social relationships, the applicant is: Sought Out Well Received Tolerated
6. Please describe positive and/or negative home factors which might affect the applicant's success in the Doctor of Ministry program.

7. Do you have any reservations about the applicant's decision to pursue a Doctor of Ministry 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 the Doctor of Ministry program:

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 on ATS/AGSC for your files? Yes No

Signature _____ Date _____

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

Fax to: 845-358-3047

Scan and email to: admissions.ats@nyack.edu