

PASTORAL REFERENCE



Please fill out the top section and present to an individual who has known you for over one year and is not a relative.

TO BE COMPLETED BY THE APPLICANT:

Program:

- M.Div
- MPS
- MA
- Non-Degree
- Undergraduate
- Mental Health Counseling
- Marriage & Family Counseling

Campus:

- Nyack, NY
- New York City

Enrollment Date:

- Fall, 20_____
- Spring, 20_____
- Summer, 20_____

LAST NAME	FIRST NAME	MIDDLE INITIAL	PREFERRED
ADDRESS, CITY, STATE, ZIP			D.O.B. (mm/dd/yy)
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 Nyack College/Alliance Theological Seminary. 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 the best of your knowledge does the applicant show evidence of a vital growing relationship with Jesus Christ?
6. To what extent is the applicant engaged in service in your church?
 Not Involved Somewhat Involved Involved Very Involved
7. In your opinion does the applicant have attitudes or habits which are **NOT** consistent with mature Christian faith and practice?
8. In social relationships, the applicant is: Sought Out Well Received Tolerated
9. To your knowledge does the applicant smoke, drink excessively, or use habit-forming drugs? Please comment.
10. Please describe positive and/or negative home factors which might affect the applicant's success at Nyack.
11. For Graduate Program Applicants ONLY: What is the applicant's spiritual influence in your church?
 Positive Negative Neutral
12. For Graduate Program Applicants ONLY: Do you have any reservations with regard to the applicant's decision to pursue a graduate program at this time in his/her 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"/>
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:

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 Seminary DMin

Signature _____ Date _____

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

Fax to: 845-358-3047

Scan and email to: admissions@nyack.edu