

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:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> M.Div | <input type="checkbox"/> Undergraduate |
| <input type="checkbox"/> MPS | <input type="checkbox"/> Mental Health Counseling |
| <input type="checkbox"/> MA | <input type="checkbox"/> Marriage & Family Counseling |
| <input type="checkbox"/> Non-Degree | <input type="checkbox"/> MA AJCO |

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.

- How long have you known the applicant? _____
- What is the nature of your relationship? Pastor Elder Ministry Leader: _____ Other _____
- How well do you know the applicant? (circle on scale)

1	2	3	4	5
Casual		Fairly Well		Very Well
- To the best of your knowledge has the applicant made a personal commitment to Jesus Christ?
 Yes No Don't Know
- To the best of your knowledge does the applicant show evidence of a vital growing relationship with Jesus Christ?
- To what extent is the applicant engaged in service in your church?
 Not Involved Somewhat Involved Involved Very Involved
- In your opinion does the applicant have attitudes or habits which are **NOT** consistent with mature Christian faith and practice?
- In social relationships, the applicant is: Sought Out Well Received Tolerated
- To your knowledge does the applicant smoke, drink excessively, or use habit-forming drugs? Please comment.
- Please describe positive and/or negative home factors which might affect the applicant's success at Nyack.
- For Graduate Program Applicants ONLY: What is the applicant's spiritual influence in your church?
 Positive Negative Neutral
- 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 MA AJCO 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