

PASTORAL/MINISTRY LEADER REFERENCE



2 WASHINGTON STREET, NEW YORK, NY 10004 • 1.646.378.6101

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:

- Mental Health Counseling (Onsite)
- Mental Health Counseling (Online)
- Marriage & Family Counseling (Hybrid)

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 Alliance University. Upon completion, please mail 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? (mark box on scale)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 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 below)*
11. Please describe positive and/or negative home factors which might affect the applicant's success at ATS.
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 check the appropriate box)

	LOW	AVERAGE	HIGH	DO NOT KNOW
Cooperation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability/Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disposition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perseverance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual Vitality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ministry Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Christian Character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 _____

Alliance University Alumnus? Yes No

Would you like to receive information about Alliance University? If yes, please check programs:

- Undergrad Degree Completion MA Counseling MBA
 MS Organizational Leadership MS Education Seminary DMin

Signature _____ Date _____

Return to: Alliance Graduate School of Counseling
2 Washington Street
New York, NY 10004

Alliance University does not discriminate on the basis of race, color, national and ethnic origin, age, sex, or handicap in admission, participation, or employment in campus programs or activities. The programs are operated in compliance with Title IX of the Education Amendments of 1972, Section 506 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Acts of 1964, and all other relevant statutes and regulations.