

**This form must be completed if this is your FIRST time registering.**

## Sr. Pastor's Recommendation Form—NJ District School of Ministry

This reference form should be completed by your senior pastor and mailed directly to NJDSOM. Please complete the following information and send this form to your senior pastor for completion. To avoid being denied admission, this form must be returned to our office within the first two weeks of enrollment.

### To The Applicant:

Name of Applicant (Please Print) \_\_\_\_\_

Address of Applicant \_\_\_\_\_

(Street) (City) (State) (Zip)

Phone (\_\_\_\_) \_\_\_\_\_

**1a.** Do you plan to pursue Ministerial Credentials with the Assemblies of God? YES or NO (circle one).  
*Please consult with your senior pastor prior to answering this question.*

Applicant's waiver of right of Access to Confidential Statement (circle one):

I waive my right to review this recommendation and understand it will remain confidential.

I do not waive my right to review this recommendation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Sr. Pastor:** The above individual is applying for admission to the New Jersey District School of Ministry. Please complete and mail the form directly to the address provided below. This document will be kept confidential if the student has signed the waiver of access above. Thank you for your assistance.

1. How long have you known the applicant? \_\_\_\_\_ How long has he/she attended your church? \_\_\_\_\_

2. Which terms best describe the applicant's attitude? Please circle all that apply.

- Kind-hearted       Devoted       Enthusiastic       Critical       Unforgiving  
 Rebellious       Angry       Sympathetic       Tolerant       Respectful

3. Please comment on any positive or negative characteristics you have observed in the life of the applicant (personal, social, family, etc.) on the back of this form.

4. If the applicant has indicated in **line 1a. above** that he or she intends to pursue Ministerial Credentials with the Assemblies of God, are you willing to support the applicant through the credentialing process? YES, NO, UNCERTAIN. (Circle One). *It is highly recommended that you speak to the applicant about their calling prior to enrolling into NJDSOM.*

5. Your recommendation of this applicant for admission to NJDSOM is:

- Recommended       Not recommended (Circle one)

Name (Please Print) \_\_\_\_\_

Name of Church and Denomination \_\_\_\_\_

Position \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:**

**NJ District School of Ministry, 1111 Preakness Ave. Wayne, NJ 07470**