



Pastor's Recommendation

(This form is not required if the applicant has AG credentials.)

A. To the Applicant:

The Pastor's Recommendation should be completed by your pastor and mailed directly to the Minnesota School of Ministry office. Recommendations from family members are not accepted. Please complete the following information and forward this form to your pastor.

Applicant's Full Name _____ Email: _____

Applicant's Address _____ City _____ State _____ Zip _____

Applicant's Waiver of Right of Access to Confidential Statement: I willingly waive my right of access to see this confidential reference and I understand that signing this waiver is not required as a condition for enrollment.

Signature _____ Date _____

B. To the Pastor:

The above individual is applying for enrollment with the Minnesota School of Ministry. Eligibility for enrollment depends upon several factors including a Pastor's Recommendation. We therefore request that you fully complete the form and forward it as promptly as possible. If you do not know the applicant well enough to complete the recommendation, please refer the applicant to another pastor.

As a District-sponsored and District-operated ministerial training program recognized by the General Council of the Assemblies of God, the DSOM seeks to provide the basic educational requirements for credentialing in a learning forum that will both increase biblical and doctrinal understanding, and develop ministry skills for the benefit of the local church and the worldwide fellowship of the Assemblies of God.

Confidentiality: Federal law gives the applicant the option of waiving their right to see specific letters of recommendation. If the applicant has not signed the waiver statement above, we will assume that you are submitting information with the full awareness that it may be seen by the applicant. If the above waiver is signed, your recommendation will remain confidential.

1. How long have you known the applicant? _____

2. How well do you know the applicant? Very well ___ Fairly well ___ Casually ___ By Sight Only ___

3. To your knowledge, has the applicant made a personal commitment to the Lord Jesus Christ?

Yes ___ No ___ Unknown ___

4. To your knowledge, has the applicant been filled with the Holy Spirit, in accordance with Acts 2:4?

Yes ___ No ___ Unknown ___

5. Is the applicant involved in the activities of your church?

Yes ___ Occasionally ___ Seldom ___ When asked ___ No ___

6. In what form(s) of Christian service has the applicant participated regularly?

7. What influence has the applicant had upon his/her peers?

Very Positive ___ Usually Positive ___ Somewhat Positive ___ Negative ___ None ___

8. How do you rate the applicant in the following areas?

	Excellent	Above Average	Average	Below Average	Unknown
Academic Ability					
Adaptability					
Communication Skills					
Cooperativeness					
Emotional Stability					
Ethical Integrity					
Leadership Skills					
Personal Motivation					
Sense of Responsibility					
Spiritual Maturity					

9. To your knowledge, has the applicant in the past year been involved in the following?

Consumption of Alcoholic Beverages Yes ___ No ___
Use of Tobacco Yes ___ No ___
Use of Non-Medical Drugs Yes ___ No ___ (e.g., narcotics, marijuana, recreational)
Sexual relations contrary to Scripture Yes ___ No ___

10. Please provide any additional comments on the above or other aspects of the applicant's relationship with God that will help the MNSOM Board make an informed decision regarding the applicant's suitability for enrollment.

11. Recommendation: I recommend ___ I recommend with reservation ___ I do not recommend ___

Please print the information below:

Name _____ Position in Church _____

Name of Church and Denomination _____

Church Address _____ City _____ State & Zip _____

Pastor's Signature _____ Date _____ Telephone _____

Please forward the completed recommendation form to MNSOM :

Scan and email mnsom@mnaog.org , Fax 612.332.2510, or Mail to: MNSOM 1315 Portland Ave S Minneapolis, MN 55404
