Ministry Training Institute

Pastor's Recommendation

This section to be filled out by the applicant: Please fill in the information below and give this form to a pastor, youth pastor, or someone in authority within your church. **Please do not choose a family member to complete this recommendation.**

_____
Name of Applicant

_____
Address

_____
City, State, Zip

To the church leader: The above candidate has applied to become a student at the Association Free Lutheran Bible School – Ministry Training Institute. Please fill in this form and return it to the Bible School. Do not reply to items that you are unsure of or have not had opportunity to observe. The information you provide on this form will be treated in strictest confidence. Thank you for your willingness and time.

1. How long have you known the applicant? _____

2. Relationship to the applicant: ☐ Pastor ☐ Youth Pastor ☐ Church Leader ☐ Other _____

3. What is the nature of the applicant's commitment to Jesus Christ?
   - ☐ Testifies to a personal relationship with Jesus as Lord and Savior
   - ☐ Does not appear to have a personal relationship with Jesus Christ
   - ☐ I am unsure

   Comments: _____

4. What is the nature of the applicant's commitment to church participation?
   - ☐ Actively involved in congregational life
   - ☐ Some involvement
   - ☐ Rarely attends or no involvement

5. Please rate the applicant:

	Excellent	Average	Poor	Unsure
Integrity	☐	☐	☐	☐
Attitude towards authority	☐	☐	☐	☐
Perseverance	☐	☐	☐	☐
Leadership	☐	☐	☐	☐
Disposition	☐	☐	☐	☐
Academic Achievement	☐	☐	☐	☐

Explanation: _____

6. Please share areas where the applicant may need guidance and supportive understanding. _____

7. Please comment on any struggles in the applicant's family that may affect the applicant emotionally, physically, or spiritually? _____

8. The primary function of AFLBS – MTI is to teach students who are seeking to serve the Lord. Our purpose is to train for ministry and the applicant could be placed in a cross-cultural setting. With this in mind, is there any additional information that would help us fairly evaluate the applicant for admission? ☐ Yes ☐ No
If yes, please explain: _____

9. Do you perceive the applicant as: *(mark one or more)*
☐ Leader ☐ Follower ☐ Encourager ☐ Committed ☐ Non-committal
☐ Other: _____

10. **Recommendation for study at MTI**:
☐ I highly recommend
☐ I recommend with reservations
☐ I recommend on a probationary status
☐ I do not recommend
Comments: _____

11. I would like to speak with someone regarding this applicant: ☐ Yes ☐ No ☐ Feel free to call me, if needed.
12. I would like a packet of MTI information to be sent to our church: ☐ Yes ☐ No.
13. I would like a packet of information sent to the following person or persons:
Name _____ Address _____
Name _____ Address _____
Name _____ Address _____

If there are additional facts, which we should know, please write them on a separate sheet. You may include the names and addresses of additional references that you think would be of help in evaluating this application.

Print Name _____ Signature _____ Date _____

Title _____ Church, Ministry Organization, or Employer _____

Address _____ City, State Zip _____ Phone Number _____

Thank you for your time! To increase the applicant's control over the timetable of the application process, we are using a self-managed application. Please (1) **seal** the church endorsement in an envelope, (2) **sign** across the flap, and (3) **return to the applicant** the sealed envelope to be included with his or her application. **If the applicant does ask you to mail this form, please send it to:**

Ministry Training Institute
Association Free Lutheran Bible School
3134 East Medicine Lake Blvd.
Plymouth, MN 55441