



# Pastoral Reference

## INSTRUCTIONS

After completing the first section, please give this form to your pastor. **This form should not be given to a relative. If your father is the pastor, please give this form to another pastor or officer in the church.** No action can be taken on your application until the Admissions Office receives this form.

## TO BE READ AND COMPLETED BY THE STUDENT

I am authorizing the release of the following information to be considered in my application for admission to Accelerated Baptist Missions Institute, and I understand that all information will be held in confidence by the institute and will not be released to me or anyone else. I understand that this recommendation will be mailed directly to Silvery Lane Baptist Church, care of Accelerated Baptist Missions Institute, by my pastor.

Student name (please print) \_\_\_\_\_

Signature of student \_\_\_\_\_

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

Phone number ( \_\_\_\_\_ ) \_\_\_\_\_ Semester applied for \_\_\_\_\_

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## TO BE READ AND COMPLETED BY THE PERSON RECOMMENDING THE APPLICANT

Thank you for taking time to complete this recommendation. Your insights will be given serious review and will be kept in confidence. One of the benchmarks of Accelerated Baptist Missions Institute is our determination to work in coordination with the student's local church pastor. If we need further information, we will contact you by telephone.

What is the nature of your relationship to this person? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

*Please rate the applicant's characteristics accordingly:*

<i>Characteristic</i>	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Below Average</i>	<i>Unknown</i>
Christian character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faithfulness to church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<p><i>Accelerated Baptist Missions Institute</i> ● 24949 Hass ● Dearborn Heights, MI 48127          Phone 313-278-1588 ● www.silverylanebaptist.com ● Fax 313-278-1588</p>
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List significant strengths and special abilities of the applicant. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you know of any reason that should prevent the applicant from being accepted to attend Accelerated Baptist Missions Institute?  
\_\_\_\_\_ If so, please state your reason. \_\_\_\_\_

\_\_\_\_\_

To your knowledge, has the applicant accepted Jesus Christ as their personal Savior? \_\_\_\_\_

To your knowledge, has the applicant followed Christ in believer's baptism? \_\_\_\_\_

To your knowledge, is the applicant a practicing tither? \_\_\_\_\_

You may use the space below for any additional information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Your name** (please print) \_\_\_\_\_

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

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

Church name \_\_\_\_\_

Address \_\_\_\_\_

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

**PLEASE DO NOT RETURN THIS TO THE APPLICANT. Please mail this completed form directly to Silvery Lane Baptist Church. Thank you.**

**Silvery Lane Baptist Church**  
ABMI, Admissions Office  
24949 Hass  
Dearborn Heights, MI 48127