Minister’s Reference Form

Have this form filled out by a member of the pastoral staff of the church where you attend or by someone who has been your minister within the past two years. This person should send the completed form directly to the Office of Admissions in a sealed envelope.

Section I  (To be completed by applicant)

________________________________________________________________________

Last Name  First  Middle  Telephone with Area Code

☐ do  ☐ do not willingly waive my right to view the completed reference form knowing that this waiver will not influence the College's admission decision.

________________________________________________________________________

Applicant’s Signature

Section II  (To be completed by the applicant's minister)  Please answer the following questions and return to the Office of Admissions.

1. Please give an explanation of the applicant's willingness to cooperate well with his/her peers and with those in authority.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. What specifically would lead you to believe this applicant is dependable?

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Have you had occasion to observe this applicant being honest and fair? Please explain.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(See Reverse Side)
Minister’s Reference Form

4. Briefly identify the applicant as either an active, average or indifferent participant in the activities of the church.

___________________________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________


5. To the best of your knowledge does the applicant refrain from the use of alcohol, drugs and tobacco? If not, to what extent does he/she use any of these substances?

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___________________________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________


6. Do you believe that the applicant understands and will be able to adjust to a Christian community environment?

___________________________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________

Signature of Minister ___________________________ Date ________________

Name (please print or type) ___________________________ Position ___________________________

Church Name ___________________________ Telephone with Area Code (_____)__________

Church Address ___________________________

State length and type of relationship to applicant ___________________________

Are you an Asbury College alumnus? ☐ Yes ☐ No Year last attended? ________________