Church Endorsement Form

Dear Pastor:

Applicants for admission to Midwestern Baptist Theological Seminary are required to provide evidence of current commitment and active membership in a local Christian church. We ask the applicant’s church to affirm this by completing this candidate endorsement. Part I should be completed by an appropriate official (other than the applicant) or committee of the church. Part II of the endorsement should be read to the congregation or administrative board and approved by the congregation or board (per the local church’s own constitution). Once completed, please return the document to the Office of Admissions at the address below.

We take your endorsement of the applicant very seriously. Thank you for your assistance in this matter.

Midwestern Baptist Theological Seminary
Admissions Office
5001 N. Oak Trafficway
Kansas City, MO  64118-4697

Part I - Biographical Information

Applicant’s Name __________________________________________________________

Is applicant a current member of your church? □ Yes □ No

If no, please explain.
________________________________________________________________________
________________________________________________________________________

Date applicant became a member of your congregation (month and year) _____________________________

Applicant became a member of your congregation by (check one):
□ Profession of faith
□ Letter from a Southern Baptist Church
□ Letter from a non-Southern Baptist Church
□ Other (please specify) __________________________________________________________

Does applicant reflect activity equal to that of the committed laity in your church?

| In worship service attendance? | □ Yes | □ No |
| In financial stewardship? | □ Yes | □ No |
| In program involvement? (Bible study, missions, music, etc.) | □ Yes | □ No |

List positions of leadership, volunteer or paid, which applicant has held in your church:

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<th>Position</th>
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Additional Comments:

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Part II – Statement of Endorsement

The following statement must be approved through the standards preset by your church’s constitution. Approval options include a vote of the congregation, a vote by the church elders or deacon board, or completion by a member of the pastoral staff.

Having evidence that the applicant is an individual who:

☐ is committed to the Christian faith;
☐ evidences a divine call to ministry;
☐ has moral integrity;
☐ is emotionally stable and able to fill leadership responsibilities in church life;
☐ shows potential for responsible Christian ministry

We recommend the applicant for admission to Midwestern Baptist College and pledge our continuing interest and prayerful support.

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<th>Name of Church</th>
<th>Denomination of Church</th>
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<tr>
<td>Mailing Address</td>
<td>Moderator’s Signature</td>
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<tr>
<td>City, State, Zip Code</td>
<td>Church Clerk’s Signature</td>
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<tr>
<td>Church Phone Number</td>
<td>Date of Approval</td>
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</table>
Pastor Recommendation Form

NOTE TO APPLICANT: Complete this section before giving it to your Pastor. If you have less than one-year of relationship with your Pastor, or if you are related to him, then a deacon or Sunday School teacher or former pastor may complete this form. If you are a Pastor, you may give it to your Director of Missions.

Submit the form to your pastor with a stamped envelope addressed to:

Midwestern Baptist Theological Seminary
Admissions Office
5001 North Oak Trafficway
Kansas City, MO  64118-4697

Applicant's Name
_______________________________________

Address
________________________________________

City, State, Zip
_______________________________________

Home Telephone _________________ Work Telephone _______________________

☐ I waive all future rights to review the contents of this recommendation form.
☐ I do not waive

Applicant's Signature _______________________________________________

Recommendation

The person named above is applying for admission to Midwestern Baptist Theological Seminary. Please evaluate the applicant, thinking specifically of the applicant's commitment to ministry as evidenced by participation or leadership in the local church. Evaluate the person's intellectual and personal traits, character, integrity, and fitness for ministry. Return the form in the envelope provided by the applicant to Midwestern Baptist Theological Seminary.

Recommender's Name _____________________________________________

Address _________________________________________________________

City, State, Zip ___________________________________________________

Telephone ___________________________ Job Title ______________________

How long have you known the applicant? __________________________

What is your relationship to the applicant? __________________________

Describe the applicant's involvement in the local church or ministry: ____________________________________________________________

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Please evaluate the applicant.

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Do you know anything about the mental or emotional health of the applicant which might hinder effective Christian ministry?

- [ ] Yes
- [ ] No

If yes, please describe: ____________________________________________________________

Do you know of any personal habits which might hinder effective Christian ministry?

- [ ] Yes
- [ ] No

If yes, please describe: ____________________________________________________________

Do you recommend this person for admission and as a candidate for ministry?

- [ ] Yes with enthusiasm
- [ ] Yes with confidence
- [ ] Yes with reservations
- [ ] Yes with reluctance
- [ ] No

Comments: ______________________________________________________________________

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________________________________________________________________________________

Signature of Recommender _______________________________ Date _______________________

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MIDWESTERN BAPTIST THEOLOGICAL SEMINARY

Recommendation Form

APPLICANT: Complete this section before giving it to your recommender. The recommender should not be a relative and should be someone you have known for at least one year. Submit the form the recommender with a stamped envelope addressed to:

Midwestern Baptist Theological Seminary
Admissions Office
5001 North Oak Trafficway
Kansas City, MO 64118-4697

Applicant’s Name _____________________________________________________________

Address _______________________________________________________________________

City, State, Zip __________________________________________________________________

Home Telephone __________________ Work Telephone ________________________________

☐ I waive …all future rights to review the contents of this recommendation form.

☐ I do not waive

Applicant’s Signature ____________________________________________

Recommendation

The person named above is applying for admission to Midwestern Baptist Theological Seminary. Please evaluate the applicant, thinking specifically of the applicant's commitment to ministry as evidenced by participation or leadership in the local church. Evaluate the person's intellectual and personal traits, character, integrity, and fitness for ministry. Return the form in the envelope provided by the applicant to Midwestern Baptist Theological Seminary.

Recommender’s Name _________________________________________________________

Address _______________________________________________________________________

City, State, Zip __________________________________________________________________

Telephone ______________________ Job Title ________________________________

How long have you known the applicant? __________________________________________

What is your relationship to the applicant? _________________________________________

Describe the applicant's involvement in the local church or ministry: _______________________

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- [ ] Yes
- [ ] No

If yes, please describe: ________________________________

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- [ ] Yes
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If yes, please describe: ________________________________

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Do you recommend this person for admission and as a candidate for ministry?

- [ ] Yes
  - [ ] with enthusiasm
  - [ ] with confidence
  - [ ] with reservations
  - [ ] with reluctance
- [ ] No

Comments: ____________________________________________________________________________

____________________________________________________________________________________

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Signature of Recommender _________________________________ Date __________________