



AIHC

SCHOOL OF BIBLICAL STUDIES

Association of Independent Holiness Churches School of Biblical Studies
P.O. Box 9473*Memphis, TN 38190*(901) 239-2442

OFFICIAL REFERENCE (To be completed by Pastor or Church Official)

Applicant Information

Name: _____ Phone (____) _____
Address: _____
City: _____ State _____ Zip _____

Public law gives you the right to review this reference form after you enroll at AIHC School of Biblical Studies if you so desire. You may retain this right under the law, or you may choose to waive this right in order that the answers given by the person referring you to AIHC School of Biblical Studies may remain confidential. If you desire to waive your right to review this form in order to make this reference a confidential report, please sign below.

Applicant's Signature _____
Date: _____

Please complete the following to the best of your knowledge of the applicant.

- The length of my relationship with the applicant is
 Less than 1 year 1-3 years 3-5 years more than 5 years
- I know the applicant:
 Extremely well rather well casually
- The applicant's marital status is:
 single (never married) married divorced separated widowed
 - Are the applicant's relationships to family members a credit to Christian ministry?
 yes no
 - If married, is the applicant's partner fully in accord with the plan to train for vocational Christian work?

Comments: _____

4. How long has the applicant been a Christian? _____

5. Is the applicant living a consistent Christian life? yes no

6. I would rate the applicant's attitude toward authority and instruction as:
 Excellent Acceptable Inconsistent Poor

7. Are you familiar with any anti-social behavior or criminal activity on the part of the applicant with which the school should be familiar? yes no

If yes, please explain. _____

8. Please check any of the following that may apply to the applicant:
 disciplined, dropped from school involved in questionable moral conduct
 If you checked any of these, please explain: _____

9. Please rate the applicant as to:
- a. Attendance at services of the church
 consistent frequent occasional seldom
 Comments _____
- b. Participation in activities of the church
 consistent frequent occasional seldom
 Comments _____
- c. Involvement in ministry or service
 consistent frequent occasional seldom
 Comments _____
10. Please list any specific abilities you have observed in the applicant that would enhance his or her effectiveness in ministry: _____

11. I would rate the applicant's commitment to a career in vocational Christian service as:
 definite highly probable willing, but uncertain improbable
12. Do you recommend this applicant for study?
 Yes, without reservation Yes, but with reservation
13. If needed, is your church willing to provide financial assistance for the applicant?
 Yes No

Additional Comments: _____

Name: _____ Position: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____ Phone(____) _____
 Signature _____ Date: _____

Please accept our thanks for the time and effort you have given to filling out this form. Please return the completed form to the following:

AIHC School of Biblical Studies
 P. O. Box 9473
 Memphis, Tennessee, 38190