CHURCH RECOMMENDATION

To Be Completed B	y Applicant (please print)			
Last Name	First		Middle	
Address				
City		State	ZIP	
I waive any right of access to see	the completed recommendation, knowing th	nat this waiver is no	not required as a condition for admission.	
Signature	Date			
To Be Completed B	y Church Official (please pr	int)		
	old be understood as a positive recognition or ossible way as he or she seeks to embark on		tial for Christian service. Grace College encourages tl deavor.	he church
NO	TE: This reference must be received befo	re the student's a	application will be evaluated.	
	Student Seeking Training	g for the Chri	ristian Ministry	
On (date)	, the (appropriate authority—plea:	se identify)		
does/does not (circle one) endors	e (name of applicant)		as a candidate for Christian ministry (includ	ing
Christian Education). The Church/	Board believes this candidate to be a true Ch	nristian and spiritua	ally, morally, and intellectually equipped for vocation	ıal
Christian ministry.				
Signature:			/////	

Thank you for taking the time to complete this form.

Please mail this completed form to:

Grace College Online Admissions • 200 Seminary Drive • Winona Lake, Indiana • 46590