



Baptist Theological Seminary

1023 Upper Serangoon Road, #01-01, Baptist Centre
Singapore 534761
(65) 6472-0091
www.bts.org.sg

Please write clearly or type information.

Applicant's name _____

Programme of Study applying for: _____

The primary purpose of Baptist Theological Seminary is to train men and women preparing for Christian service. We are in partnership with churches in this endeavour. Each applicant is required to furnish a church endorsement from the church that holds his/her membership. If the membership has been for less than a year, other church endorsements will be required to cover the immediate past 12 months.

We suggest that the pastor and/or appropriate committee consult with the applicant and if satisfied, bring the following recommendation to the church for approval in a business session. Note that there are two sections. One is the statement of endorsement, and the other is the biographical information form. **Please ensure both sections are completed before mailing it directly to the Admission Office sealed in the envelope provided by the applicant.**

We take your endorsement seriously. Your church's endorsement is a testament on the part of the church that the individual exhibits the qualities outlined below in the statement of endorsement.

STATEMENT OF ENDORSEMENT

Having evidence that the named applicant to Baptist Theological Seminary is an individual who

- is committed to the Christian faith,
- relates well with others in ministry,
- evidences a divine call to ministry,
- is emotionally stable and physically healthy, and able to fulfill leadership responsibilities in church,
- demonstrates gifts for and gives promise towards developing capabilities to serve as church leader in one or more ministry roles
- we recommend for admission to Baptist Theological Seminary and pledge our continuing interest and prayerful support of him/her.

Date of approval _____

Name of Church _____

Mailing Address _____

_____ Tel: _____

Pastor's signature _____

Name of Church Official _____ Position: _____

Contact No.: _____ Signature: _____

* Date applicant became a member of your church (month/year) _____

* The applicant is currently a member of your church ☐ Yes ☐ No

* This information is important and required. Please do not leave it blank!

CHURCH ENDORSEMENT