



## Baptist Theological Seminary

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

To the applicant: Please write clearly or type information in this section and forward the form and the enclosed envelope to the individual making the recommendation.

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP)

Programme of Study applying for: \_\_\_\_\_

I understand that this confidential recommendation is to be used only in consideration of my application to Baptist Theological Seminary. I also give permission to the individual named in this document as a reference, to release his or her personal information or opinions of me to Baptist Theological Seminary.

I hereby release and discharge Baptist Theological Seminary, its representatives, and the individual named in this document as a reference from any and all liability of every nature and kind arising out of the furnishing, and use of such personal information and opinions.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

To the Recommender: Thank you for taking the time to give your honest evaluation of this applicant. It will help the Admissions Committee to better understand the applicant's potential qualifications for ministry. If you feel you cannot adequately answer these questions simply sign the form and return to Admissions Office. You may speak with the Dean or Registrar by calling the number above.

The completed form should be mailed directly the Admissions Office in the envelope provided. Please feel free to provide additional information, if any, on a separate sheet of paper.

Name of Recommender \_\_\_\_\_

Position or Title \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_

### Evaluation:

1. How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

2. What characteristics do you consider to be the greatest strengths or talents of the applicant?

\_\_\_\_\_

3. What characteristics do you consider to be the weaknesses of the applicant? \_\_\_\_\_

\_\_\_\_\_

PASTOR REFERENCE

## BIOGRAPHICAL INFORMATION

This section is to be completed by the pastor or an official of the church. Please respond to each item. If any item is to be left blank, please attach a statement of explanation.

Applicant became a member of your church by

- ☐ Profession of faith
- ☐ Baptism
- ☐ Other (please explain) \_\_\_\_\_
- \_\_\_\_\_

If applicant is NOT a current member of your church, when did the applicant join another church? \_\_\_\_\_

Name of Church \_\_\_\_\_

Check the categories in which the applicant displays participation equal to that of the committed laity in your church.

- ☐ Worship service attendance
- ☐ Financial stewardship
- ☐ Program organization involvement: Sunday School, discipleship training, missions organizations, etc

Please list positions of leadership, volunteer or paid, that the applicant has held in your church.

POSITION	LENGTH OF SERVICE
_____	_____
_____	_____
_____	_____
_____	_____

PASTOR/ASSO PASTOR/ASST PASTOR

Please provide a statement regarding the applicant's potential for ministry to which he/she feels called that may be enhanced by studies at Baptist Theological Seminary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of person providing the biographical information \_\_\_\_\_ Date \_\_\_\_\_