



**Pastor's Reference - Confidential**

Name of Applicant: \_\_\_\_\_

**This section to be completed by the applicant (please print):**

Name of Pastor: \_\_\_\_\_

Name of Church: \_\_\_\_\_ City: \_\_\_\_\_

I voluntarily waive the right to view the contents of this completed form with the expectation that this form and contents will remain confidential by the named pastor and Valley School of Ministry & Leadership.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is to be completed by the Pastor:**

The person named above is applying for admission to **VALLEY SCHOOL OF MINISTRY & LEADERSHIP**, Missoula, MT. Thank you for taking time to fill out this reference form.

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

2. Does the applicant live a consistent Christian life? **Yes No Unsure** (circle one)

Please explain: \_\_\_\_\_

3. Do you know of any issues that would preclude the applicant from studying at VALLEY SCHOOL OF MINISTRY & LEADERSHIP? **Yes No Unsure** (circle one)

Please explain: \_\_\_\_\_

4. Do you personally recommend the applicant be accepted to VALLEY SCHOOL OF MINISTRY & LEADERSHIP? **Yes No Unsure** (circle one)

Please explain: \_\_\_\_\_

Please add any further comments you deem relevant to the evaluation of the applicant's acceptance into VALLEY SCHOOL OF MINISTRY & LEADERSHIP especially concerning character, spiritual commitment, and calling:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Please mail directly to: **Valley School of Ministry & Leadership, ATTN: Registrar, 1001 Cleveland St., Missoula, MT 59801**

or scan and e-mail to: [schoolofministry@4bible.com](mailto:schoolofministry@4bible.com) (subject: **SCHOOL OF MINISTRY**)