



2302 Sam Newell Rd Matthews, NC 28105
704-953-7935—704-608-9274

Pastor Recommendation

This information must be filled out by the Pastor of the congregation in which you are a member. If you are a Pastor, official or supervisor of your institution, must complete the form as well. If you have a corporate seal, please attach a copy on this sheet. This form is confidential and must be sent by the person who completes the *Colegio y Seminario Teologico Mizpa* form. Do not send it with the applicant.

1. Name of student _____
Last Name Name Initial

2. Name of Pastor or Supervisor _____
Last Name Name Initial

3. Name of the organization _____

4. Church address and telephone number _____
Street Address

City State Zip Code Telephone

5. Describe in detail the personal and Christian character of the applicant including:

a. Attendance to the services _____

b. Stewardship _____

c. Responsibility as a member/leader _____

d. Character _____

d. How long have you known the applicant? _____

c. How long has the applicant been member of your congregation? _____

Hereby, I _____ the Pastor or Supervisor of the applicant
_____ without reservation recommend him/her for
studying at *Colegio y Seminario Teologico Mizpa*.

Pastor or Supervisor

Date

Please send this form to: 2302 Sam Newell Rd Mathews, NC 28105