



Pan-Africa Theological Seminary Church Reference Form

OFFICE USE ONLY
Date received: _____
By: _____

INSTRUCTIONS:

1. To the Applicant: Fill in section labeled "Applicant's Information" then submit this form to the General Superintendent of the Assemblies of God or to the highest official of your National Church.
2. To the General Superintendent or National Church Official: Your reply will be kept confidential. Please complete this form and mail it promptly to:

Admissions Office
Pan-Africa Theological Seminary
PO Box 6200
Springfield, MO 65801, USA.

Courier address:
580 W. Central Street
Springfield, MO 65802, USA
Phone: (417) 862-7725. Fax: (417) 862-1867
Email: info@pathseminary.org

Applicant's Information:

1. Name: _____

First	Middle	Last
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2. Mailing address: _____

PO Box or Street Address	City	Country	Code
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TO BE COMPLETED IN BY THE GENERAL SUPERINTENDENT OF THE ASSEMBLIES OF GOD OR HIGHEST NATIONAL CHURCH OFFICIAL

1. How long has the applicant been in ministry? _____
2. What credentials does he/she hold? _____
3. If ordained, how long? _____
4. Is he/she a Bible school graduate? Yes No If yes, what school? _____
5. Applicant's Current Ministry:
 Pastor Evangelist Church Official - specify: _____
 Bible School Teacher Other - specify: _____
6. Has he/she ever been a cause of trouble or dissension in the:
 local church section district parish other (specify) _____
 If so, please explain on a separate sheet.
7. Would attendance at PAtHs help him/her and your church? Yes No If no, please explain on a separate sheet.
8. Do you recommend without hesitation that he/she attend? Yes No If no, please explain on a separate sheet.
9. Do you know of any reason he/she should not attend PAtHs? Yes No If yes, please explain on a separate sheet.
10. How will his/her school expenses (tuition, travel, books, supplies, etc.) be met? _____

Check the column that best indicates the applicant’s attitude in each of the following categories:

	Excellent	Good	Fair	Poor
His/her ministry				
His/her superiors				
His/her family				
Fellow pastors				
Financial support of the church organization				

On behalf of the applicant and all of us at PAtHS, thank you for the time and care you put into completing this form. We appreciate your prayerful input. Please clearly print your contact information then sign and date below.

Name Superintendent/Highest Church Official: _____

Mailing address: _____

City: _____ Country: _____

Signature: _____ **Date:** _____