



BOYCE
COLLEGE

Church/Pastoral Affirmation Form

The mission of Boyce College is to train young men and women for future Christian service. In this mission, we partner with the local church. Each applicant is required to submit a Church Affirmation Form from the church that holds his/her membership.

We take your endorsement very seriously. Your endorsement is the testimony of your congregation as to the perceived fitness of the applicant for Christian leadership.

If the church is unwilling to offer their unhesitating affirmation of the applicant, please enclose a letter on official church letterhead stating the rationale for the church's decision.

Statement of Affirmation

Applicant's name: _____

"We affirm that the applicant is a member in good standing of this church and demonstrates the appropriate character, ability, and knowledge as necessary for one seeking ministerial leadership"

PLEASE CHECK BOTH BOXES

Yes No

☐ ☐ This statement was approved by the church or an appropriate church authority.

☐ ☐ This applicant is a member of this church.

If the applicant is not a member of your church, please note the rationale for your action on a separate piece of paper.

date applicant became member

date of church affirmation

name of church

address of church

denominational affiliation

city

state

zip

How long have you known the applicant? _____

Please indicate your understanding of the applicants vocation/educational goals _____

Please complete other side

Please evaluate the applicant in the following areas. Make comments on the back of next sheet for any Below Average or Poor responses. Feel free to use that space for any other comments as well.

	Outstanding	Above Average	Average	Below Average	Poor	No Information
Character (person of moral and spiritual integrity)	5	4	3	2	1	N
Judgment	5	4	3	2	1	N
Emotional stability	5	4	3	2	1	N
Maturity	5	4	3	2	1	N
Commitment to church-related vocation	5	4	3	2	1	N
Potential for effective ministry	5	4	3	2	1	N
Skill in relating to others	5	4	3	2	1	N
Financial responsibility	5	4	3	2	1	N
Spouse/family relations	5	4	3	2	1	N
Academic/intellectual abilities	5	4	3	2	1	N
Leadership potential	5	4	3	2	1	N

Do you know of any physical, mental or emotional problems which might hinder effective work in Christian ministry?
☐ yes ☐ no If yes, place elaborate.

Do you know of any physical, mental or emotional problems which might hinder the applicant's academic progress?
☐ yes ☐ no If yes, please elaborate.

Do you know of any personal habits (sexual behavior, drug/alcohol use) or personal prejudices which might hamper service in a church-related position?
☐ yes ☐ no If yes, please elaborate.

Do you recommend this person for admission? ☐ yes ☐ no. If yes, please check one:
☐ With confidence ☐ With some reservations ☐ With reluctance

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

What characteristics do you consider to be the greatest weaknesses of the applicant?

Additional Comments: _____

Please complete next page

signature of pastor/church leader

email of pastor/church leader

name of pastor/church leader (please print)

phone of pastor/church leader

This form is confidential and will become the property of SBTS and will not be returned to the student. Should the applicant be denied or otherwise not enroll, SBTS is under no obligation to disclose the contents of the application to the applicant, nor will SBTS release any information to a party legally unrelated to SBTS unless required to do so.

Thank you for your thoughtful responses. Please return this form to:

Admissions Office
The Southern Baptist Theological Seminary
2825 Lexington Road
Louisville, Kentucky 40280