PASTORAL RECOMMENDATION

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| **CONTACT INFORMATION** |
| Pastor’s Name: |  |
| Church Name: |  |
| Address: |  |
| City:  |  | Province/State: |  | Postal code: |  |
| Country:  |  | Phone: |  |
| Email: |  |
| Student name:  | Proposed Program: |

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| **RECOMMENDATION** |
| How long have you known the student? |
| Describe your relationship to the individual applying for this program: |
| Describe the character that you’ve observed in this individual. How would you describe them? |
| Describe this individual as a servant in your local church? |
| How faithful and diligent would this individual be in taking the coursework and serving opportunities of East Coast Bible College? |
| Do you have any reservations for why this might not be a good season for this student? |

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| SIGNATURE |
| I understand that my judgement on the character and gifting of this student plays a critical role in whether or not this student is accepted in the program.By typing my name (first & last) and date (MM/DD/YYYY) I hereby agree with the statement above and acknowledge acknowledge that everything I have written is accurate. |
| **Signed**:  |  | **Date**: | **Click here** |

*If you would like to send a* ***physical copy*** *of your application, please mail it to Rock Church Halifax, 222 Sackville Drive, Lower Sackville, NS, B4C 2R4.*

*You can also email a* ***digital copy*** *to admissions@eastcoastbiblecollege.ca*