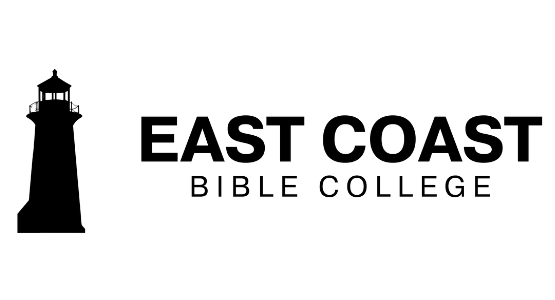
PASTORAL RECOMMENDATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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? |

|  |  |  |  |
| --- | --- | --- | --- |
| 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*