

Pastoral Recommendation

Name of Applicant: _____
Last *First* *MI*

Thank you in advance for your help in this application process. Each applicant is required to submit a pastor's recommendation as part of the application process for International Bible Institute internship. Because of your position as the spiritual authority in this applicant's life, your assessment of his/her spiritual development is important to us. Serious consideration will be given to your comments, so we ask that you please complete this form carefully and prayerfully. IBI seeks to admit students who will thrive in a distinctly Christian learning environment. Interns are committed to Christian values and are required to maintain values and principles outlined in our online brochure. Additionally, students will be required to refrain from the use or possession of alcohol, tobacco, pornography in any form, and immoral sexual behavior. They will be required to strive for a standard of purity as set forth in God's Word. Students will be counseled in these areas if necessary. If you have any questions, please call us at (504) 246-5121.

Name: _____ Church Phone: _____

Church Name/Address: _____

Email: _____

How long and in what capacity have you known the applicant? _____

Do you feel that the applicant has the necessary qualities to succeed in IBI? _____ Yes _____ No
Do you feel that the applicant has a personal relationship with Jesus Christ? _____ Yes _____ No

To the best of your knowledge, is the applicant's present conduct in accordance with IBI policies described above? _____ Yes _____ No

Please briefly comment on the applicant's participation in the activities of your church/organization:

Please circle the most appropriate response for the following:

Emotional Stability	Below Average	Average	Above Average	Excellent
Leadership Ability	Below Average	Average	Above Average	Excellent
Peer Relationship	Below Average	Average	Above Average	Excellent
Spiritual Maturity	Below Average	Average	Above Average	Excellent
Social Readiness	Below Average	Average	Above Average	Excellent

Based on the above information, I _____ strongly recommend
_____ recommend
_____ do not recommend this applicant for admission to IBI.

Signature: _____ Date: _____

Once you have completed this recommendation, please mail to:

City Church
IBI Registration Office
13123 I-10 Service Rd.
New Orleans, LA 70128