



Saints Bible Institute

SAN LORENZO · ITALY

Pastor Reference

TO BE FILLED OUT BY APPLICANT

Please type or print clearly

| | | | |
|-------------------------|---------------------|----------------------|--------------------|
| Applicant's Name | | | |
| Pastor's Name | | | |
| Name of Church | | Denomination | |
| <small>STREET</small> | <small>CITY</small> | <small>STATE</small> | <small>ZIP</small> |
| Church address | | | |
| Work phone | | Email | |

TO BE FILLED OUT BY PASTOR

Please type or print clearly

| |
|---|
| How long have you known the applicant? |
| In what capacity? |
| |
| |
| |
| Has the applicant been active in Christian service? In what way? |
| |
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| |
| Does the applicant exhibit a Christian lifestyle among his/her peers? Explain. |
| |
| |
| |
| |

In your opinion, is the applicant capable of living and studying in a foreign country?

Do you recommend this applicant for biblical study?

Additional comments

Signature _____

Date _____

Please submit completed reference form to:

**Saints Bible Institute
Office of Admissions
PO Box 587
Bradenton, FL 34206-0587**