



**AMBS**

explore ~ prepare ~ serve

3003 Benham Avenue  
Elkhart, Indiana 46517-1999

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Toll free 1 + 800 964-2627  
Fax 574 295-0092  
E-mail admissions@ambs.edu

# reference request pastoral

*Associated Mennonite Biblical Seminary serves the church as a learning community with an Anabaptist vision, educating followers of Jesus Christ to be leaders for God's reconciling mission in the world.*

## ■ instructions to the applicant

Applicants to AMBS are required to have references in support of their goals for seminary study and/or their sense of call to ministry. We ask for three references, one from each of the following: your pastor, a college teacher or academic adviser, and a layperson. Please send this form to your pastor to provide this kind of reference for you. We do not accept references from a spouse or relative.

## ■ to be filled in by the applicant

Letter of reference on behalf of \_\_\_\_\_,  
First Middle Last

who is applying for admission to Associated Mennonite Biblical Seminary.

Name of person writing recommendation \_\_\_\_\_

Address \_\_\_\_\_  
Street, Box number or Rural Route City State/Province Zip/Postal Code

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Relationship \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

**Waiver:** In accordance with the Family Education Rights and Privacy Act of 1974, and the implementing regulations issued by the Department of Health, Education and Welfare, I waive my right to review this letter of reference. (See statement on confidentiality below.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Confidentiality:** Federal law gives students the option of waiving their rights to see specific letters of recommendation. If the applicant has waived this right by signing the waiver above, this letter will be held confidential and will not be intentionally disclosed to the applicant. If the applicant has not signed the waiver, it will be assumed that this letter may be seen by the applicant if she/he enrolls in this seminary. Signing of the waiver is not a condition for admission. Any student who is accepted by and who enrolls in Associated Mennonite Biblical Seminary has the right to request the names of all individuals providing confidential statements.

## ■ instructions to the person writing the recommendation

The person named above is applying for study at AMBS. People accepted into study at AMBS must give evidence of their sense of call to ministry or desire to serve the church and must have the support of the congregation or several people who know them well. Please respond to the following questions on the reverse side indicating whether or not you support this person's intention to pursue ministry or a vocation that serves God and the church.

(over, please)

## ■ to be filled in by the person writing the recommendation

Characteristics	Excellent	High	Average	Low	Please comment (use additional paper if needed)
Christian commitment					
Emotional stability					
Maturity in judgment					
Integrity					
Relationships with others					
Leadership qualities					
Academic ability					
Ability to make decisions					
Dependability					
Initiative					
Tolerance of others					
Adaptability					

State below whether or not you support this person's intention to pursue a vocation in the church and the reasons for your statement.

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What would you consider to be areas of growth for the applicant?

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send the completed form in the enclosed self-addressed envelope to AMBS. Thank you for a prompt response.