



**Check the column that best indicates the applicant’s attitude in each of the following categories:**

	Excellent	Good	Fair	Poor
His/her ministry				
His/her superiors				
His/her family				
Fellow pastors				
Financial support of the church organization				

On behalf of the applicant and all of us at PAtHS, thank you for the time and care you put into completing this form. We appreciate your prayerful input. Please clearly print your contact information then sign and date below.

Name Superintendent/Highest Church Official: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_