

# Ministerial Recommendation

1-12 Grades

\_\_\_\_\_ has applied to attend Grace Baptist Academy.  
(student's name)

It is our concern as a Christian institution to work with the student and his or her entire family. We require the family to have their pastor fill out this form so that we might better understand their relationship and walk with God.

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## **(To be completed by minister)**

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

Is the family of the student members of your church? Yes { } No { }

Is the student a member? Yes { } No { }

Is the student active in the youth ministry? Yes { } No { }

Attendance:     Sunday School         Church    

Sometimes Often Regularly Sometimes Often Regularly

Student						
Father						
Mother						

Comments: \_\_\_\_\_

\_\_\_\_\_

We thank you for your cooperation.

\_\_\_\_\_  
(Minister's Signature)

\_\_\_\_\_  
( Date)

Please return to: Grace Baptist Church  
2200 N. Sullivan Ave.  
Farmington, New Mexico 87401  
Phone: 1-505-325-7802