

WAFIF Christian College

55 Old Harbour Road, Spanish Town, St. Catherine Tel: 1876-403-6937 Email: wctis@wafifwholelifeschools.org

MINISTERIAL	REFERENCE
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(This form should be completed by an ordained minister of the church at which the applicant attends.)			
Full Name & Title of Referee:			
Telephone Contact	Email:		
How long have you known the applicant?	How well would you say	you know the applicant?	
In what capacity? Area(s) of ministry that the applicant serves			
Do you have any hesitations or reservations about the applicant's readiness or qualifications to enrol in Bible College? □ YES □ NO If yes, please explain			
In the space provided, please indicate your reasons for recommending this applicant. Be sure to comment on the applicant's level of Spiritual Maturity, integrity and ministry involvement.			
OVERALL RECOMMENDATION □ UNRESERVEDLY	□ WITH RESERVATION	DO NOT RECOMMEND	
Signature	Date		
(Please affix Church stamp here).			