

**A MESSAGE TO THE APPLICANT'S CHURCH:**

Admissions to Northeastern Baptist College requires a recommendation from the church of which the applicant is currently a member of, or from the applicant's home church. A candidate will not be admitted to NEBC, nor can enrollment be maintained, without a church recommendation. *This form must be filled out **entirely** to be considered complete.*

It is important that the entire statement of recommendation below be carefully considered by the congregation in session. If the church is for any reason unwilling or unable to approve the statement, please return this form to NEBC marked as such. **The pastor or the church clerk must sign this form and return it directly to NEBC as soon as formal action is taken.** Please send in the original form. Photocopied recommendations cannot be accepted. Northeastern Baptist College is grateful for the church's prayerful and responsible partnership in this process.

Having evidence that \_\_\_\_\_ is a person of  
(Applicant's Full Legal Name) genuine Christian  
commitment and spiritual maturity; of moral integrity and emotional stability; of  
faithful attendance and participation in the local church.

- We recommend him/her for admission to Northeastern Baptist College.**  
And we pledge our continuing interest and support through prayer.
- We are unwilling to recommend him/her for admission.**  
(Please use the back of this form to explain)

Name of church: \_\_\_\_\_

Address of church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

This is the named applicant's home church?  No  Yes  
**If no**, is the applicant a member of the church?  No  Yes

Please indicate the denomination of your church: \_\_\_\_\_

Date of church's formal action: \_\_\_\_\_ Date applicant joined the church: \_\_\_\_\_

Clerk's Printed Name: \_\_\_\_\_ Pastor's Printed Name: \_\_\_\_\_  
(If applicable) (Non-relative)

Clerk's Signature: \_\_\_\_\_ Pastor's Signature: \_\_\_\_\_

**Please mail directly to the following Address:**

**Northeastern Baptist College  
PO Box 4600  
Office of Admissions  
Bennington, VT 05201**