

HEBRON MINISTERIAL INSTITUTE

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**PASTOR'S LETTER
 CONFIDENTIAL INFORMATION**

Please complete one of these forms for each applicant in your church who desires to attend Hebron Ministerial Institute.

(The following information will be treated as strictly confidential. This form should not be submitted without all the questions being answered. Please supply us with all the necessary and relevant information.)

Name of applicant: _____

Year for which applicant requests admittance: _____

1. Does the above mentioned candidate form part of your congregation? Yes No
2. Does this applicant attend meetings regularly? Yes No
3. Does his/her entire family attend your church? Yes No
4. How long has this applicant been attending your congregation? _____ years _____ months
5. Are all the members of this person's family (father, mother, children) Christians? Yes No
6. Has this applicant been baptized in water? Yes No
7. Has this applicant been baptized in the Holy Spirit? Yes No
8. Do you believe that this applicant has a good testimony? Yes No
9. Do you consider this applicant to be hungry for the Lord? Yes No
10. Do you believe that this applicant has a calling to the ministry? Yes No
11. Does this applicant carry some type of responsibility in your congregation? Yes No
 If they already have a responsibility, please indicate what it is that they do,

If they do not already have a responsibility, are you thinking of giving them some type of responsibility in the future? _____

12. Do you consider this applicant to be responsible in their commitments? Yes No
13. Does this applicant have a good relationship with the others in your congregation?

Please comment: _____

14. Do you believe that it is God's will for this applicant to attend the Institute? Yes No
15. Did you verify that the applicant has fulfilled the requirements of having memorized the books of the Bible in order and having read the entire Bible at least once? Yes No
16. Please write any other comments that you consider important, for the approval of this application:

Name of Pastor: _____

Date: _____