

Church and Ministry

Name of Applicant (last, first, middle): _____

A member of your church has applied for admission to Gateway Seminary. One key factor in the admissions process is church endorsement. We want to know if a church heartily endorses a man or woman as one with real potential for vocational Christian service. Please answer the following questions the best you can. This form should be completed by an appropriate official of the church. A response is to be made to each item. If any item must be left incomplete, please attach a statement of explanation. Thank you for your assistance in this matter. Gateway Seminary would be unable to minister effectively without the cooperation of churches.

Is applicant a member of your church? _____ Date applicant became a member (month/year): _____

Applicant became a member by: Profession of faith United from a non-Southern Baptist Church
 Letter from Southern Baptist Church Other: _____

Is the applicant a person who reflects church-related activity equal to or above that of the committed laity of your church in:

Worship Attendance? _____ Financial Stewardship? _____ Program Involvement (Bible study, etc.)? _____

Please list positions of leadership, volunteer or paid, which the applicant has held in your church:

Position	Approximate Length of Service
_____	_____
_____	_____
_____	_____

Personal and Biographical

Can applicant physically and emotionally meet the normal demands of religious vocational training and employment? _____
If not, please explain. _____Is there solid evidence to suggest the applicant has genuine potential for leading people? _____
If not, please explain. _____How would you describe the applicant's personal relationships (i.e., how does he/she get along with people)?

_____Do you foresee any potential problems that would hinder applicant's ability to perform ministry effectively? _____
If yes, please explain. _____

Statement of Endorsement

The following statement must be read and approved by church leadership.

A church may choose to rescind its endorsement. In that case, the church should contact the Director of Enrollment, Deena Carter, at DeenaCarter@gs.edu or (909) 687-1459. The Director of Enrollment will notify the student of your decision. The student will then have a grace period of one semester to submit a new endorsement in order to register for classes. Failure to submit a new endorsement will result in the inability to enroll.

We attest that the named applicant to Gateway Seminary is an individual who:

- is committed to the Christian faith;
- evidences a call to ministry;
- has moral integrity;
- is emotionally stable so as to be able to fill leadership responsibilities in church life; and
- shows potential for responsible Christian ministry.

We recommend him/her for admission to Gateway Seminary and pledge our continuing interest and prayerful support of him/her.

Date: _____ Denomination: _____

Name of Church: _____

Mailing Address: _____

Name and telephone number/email of person to contact for more information: _____

All three signatures are required in order to submit this form. The applicant may not sign this form, nor any member of his or her family.

Name of Pastor/Minister	Signature	Date
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Name of Church Member	Signature	Date
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Name of Staff or Church Leader	Signature	Date
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Please return this original form to the address below or email it to enrollment@gs.edu.

Gateway Seminary
Office of Enrollment
3210 East Guasti Road
Ontario, CA 91761-8642

Office hours are 8:00 a.m. to 5:00 p.m. (PST) Monday through Friday.
Call toll-free at 888-442-8701.

Gateway Seminary admits students of any race, color, gender, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of its educational or admissions policies, scholarship and loan programs, and other school-administered programs. Gateway Seminary is an Equal Education Opportunity Institution.

CHURCH CONTRIBUTION FORM



Semester and Year: _____

Student name: _____

Email: _____

Intended total number of semester/term hours:

Church name: _____

Church total contribution amount per semester/
term (minimum \$50 contribution per hour):
\$ _____

Pastor name: _____

Pastor email/Church correspondent email:

Pastors signature: _____

Students signature: _____

Please remit this form along with the Gateway Church Endorsement letter to Transformation Ministries (TM) via email, mail or fax (listed below).

Upon receipt, TM will respond with their decision to the pastor/ church correspondents' email within 5 business days.

TRANSFORMATION
MINISTRIES

**970 S. Village Oaks Dr., Ste 101
Covina, CA 91724
mchapman@tmchurches.org
626.408.3877 Fax: 626.915.7649**

Leadership Committee Use Only

Date Approved: _____

TM Contribution \$ _____

Signature: _____

Signature: _____