

AFRICAN CHRISTIAN COLLEGE

(Formerly Manzini Bible School, Swaziland)
P. O. Box 331, Manzini M200, Swaziland
Telephone: (268) 25506080 Fax: (268) 25506119

CONFIDENTIAL CHURCH CONGREGATION REFERENCE FORM

Fill in your name and give this form to a leader of your congregation. The completed form **must be mailed by the congregation directly to us** at the above address.

RECOMMENDATION

_____ has applied to be a student at African Christian College. It would be helpful if you would give us your frank and honest appraisal of this applicant. This information is kept confidential.

Name and address of Congregation : _____

CHURCH INVOLVEMENT: Please list this applicant's current involvement in church activities.

At a Business Meeting of this Eldership/Congregation (please underline which is applicable) on the _____ day of _____, _____ (year), we discussed and agreed to respond to information regarding the above church member who has applied at your College.

✓ **Please tick the correct statements below that reflect your opinion.**

- _____ He/She has been a faithful member of this congregation for _____ months/years.
_____ He/She has NOT been a faithful member of this congregation.
_____ We have no hesitation recommending this applicant for your college.
_____ We hesitate recommending this applicant for your college.
_____ We have reservations regarding recommending this applicant for your college.

Please briefly state your reservations of this applicant

As a congregation, we will be able to assist ACC with a monthly amount of R_____ for the 2 to 3 years of training.

Name and Signatures:

_____ Chairman or Elder _____ Phone

_____ Secretary or Elder _____ Phone

_____ Leader or Elder _____ Phone