

CHURCH STATEMENT OF AFFIRMATION

For Applicant:

Last Name: _____ First Name: _____ MI: _____

DOB: _____ Applicant Email: _____

Degree Applying for w/ Return Instructions:

Leavell College Graduate Program Doctoral Program

Leavell College Admissions
3939 Gentilly Blvd
New Orleans, LA 70126
leavelladmissions@nobts.edu

NOBTS Admissions
3939 Gentilly Blvd
New Orleans, LA 70126
gradadmissions@nobts.edu

NOBTS ProDoc Admissions
3939 Gentilly Blvd
New Orleans, LA 70126
dmin@nobts.edu

NOBTS ReDoc Admissions
3939 Gentilly Blvd
New Orleans, LA 70126
phd@nobts.edu

For Church Officials:

Instructions: The purpose of this form is to give evidence that the above applicant is a member in good standing with a local body of believers and that this body affirms both the applicant's desire for theological training and call to ministry. Because churches have differing governmental procedures, church officials must determine how best to represent the church's affirmation of the applicant. At minimum, the signatures of two church officials are required. Either signature cannot be of the applicant. Alternatively, church officials may choose to discuss and/or vote on this matter in an open forum or business meeting yet not required to do so.

Church Name: _____ City/State: _____

Denomination: _____

Please Note: A church is Southern Baptist if it meets the criteria set out in Article III. Composition of the SBC Constitution.

Is the applicant a current member of your church? (Y/N): _____

Date applicant became member of your church (MM/YY): _____

Having evidence that the above applicant to Leavell College/NOBTS is an individual who

- is committed to Jesus Christ
- evidences a call to ministry
- has a high degree of moral integrity
- is emotionally stable so as to be able to fill leadership responsibilities in church life
- shows capacity for theological and ministerial study

We recommend the applicant for admission into Leavell College/NOBTS and pledge our prayerful support during this time of training.

If Affirmed by Church Officials:

Signature _____ Printed Name _____ Title/Role _____ Date _____

Signature _____ Printed Name _____ Title/Role _____ Date _____

If Affirmed by Vote: (Meeting Moderator or Clerk)

Signature _____ Printed Name _____ Title/Role _____ Date _____

PLEASE RETURN TO ADMISSIONS OFFICE BY UPLOADING TO YOUR APPLICATION PORTAL OR RETURNING TO ABOVE RETURN INSTRUCTIONS.