



Church Statement of Affirmation

Last Name: _____ First Name: _____ MI: _____ Date of Birth: _____

Applicant Email: _____ Applicant Phone Number: _____

Return Instructions

For Applicants: Scan and email or mail to address below

Email: edd@nobts.edu Mail: P.O. Box 131 3939 Gentilly Blvd, New Orleans, La 70126

Instructions for Church Officials

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 on this document. Alternatively, church officials may choose to discuss and/or vote on this matter in an open forum or business meeting.

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? Yes No

Date applicant became a member of your church (m/y) _____

Church Affirmation

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 (two required):

Signature _____ Printed Name _____ Title/Role _____ Date _____

Signature _____ Printed Name _____ Title/Role _____ Date _____

If Affirmed by Vote (two required):

Meeting Moderator

Signature _____ Printed Name _____ Title/Role _____ Date _____

Meeting Clerk/Secretary

Signature _____ Printed Name _____ Title/Role _____ Date _____