



Confidentiality Waiver

I am authorizing the release of the following information to be considered in my application for admission to Gateway College of Evangelism and understand that the information will be held in confidence by the College and will not be released to me or anyone else. I understand that this questionnaire will be mailed or faxed to Gateway College of Evangelism by my pastor.

Student's name (please print)

Signature of student

Telephone

Address

City

State

Zip

	Excellent	Above Average	Average	Below Average	Inadequate opportunity to observe
Dependability					
Respect for authority					
Motivation					
Leadership ability					
Ability to get along with others					
Consideration for others					
Sense of responsibility					
Care of financial obligations					
Honesty and integrity					
Appearance					
Church involvement					
Faithfulness to church attendance					
Spirituality and consecration					

1. How long have you pastored this person? _____

2. Was this person loyal to you as a pastor? _____

3. Do you believe this person has a specific calling to ministry? Yes No

If so, in what capacity? _____

(Use the back side of this form if needed)

This applicant is a member of my church in good standing. I give consent for this person to attend Gateway College of Evangelism.

Church Name

Pastor's Name (please print)

Pastor's Address

City

State

Zip

Pastor's Telephone

Signature of Pastor

Date

Note: If the pastor is the student's parent, an additional reference is required from either the sectional presbyter or the district superintendent.