



CAMEROON BAPTIST THEOLOGICAL SEMINARY

P.O. Box 44, Ndu, Donga Mantung Division
NW Region Republic of Cameroon

ASSOCIATION RECOMMENDATION FORM

Instructions: This form is to be completed and signed by the Association Chairman or pastor and the Association Treasurer. Please place it in an envelope and deliver to CBTS. The applicant should not see this recommendation after you complete the form.

Today's Date: _____/_____/_____

Applicant's Name as it appears on National ID Card: _____

Program: (*circle one*) WMD CTh Dth Bth Summer School

Field: _____ Association: _____

Name of Applicant's Church: _____

1. How well do you know the applicant?
2. Does your association hold conferences? If yes, has the applicant attended your association meetings in the last 2 years?
3. Has the applicant been asked to hold any position of responsibility in the association? If yes list the position and indicate whether the applicant accepted the position.
4. Does the applicant have any moral problems (alcoholism, fornication, polygamy, divorce...) that would keep him from serving as a Christian leader? If so please explain.
5. Do you know of any reason the applicant should not be accepted at CBTS? If yes, please explain.
6. Will your association help to sponsor the applicant to CBTS? How much each year?

SUMMARY: This field recommends the applicant in the following way: (tick one)

____ We recommend the applicant be accepted

____ We DO NOT recommend the applicant be accepted

Association Chairman's (or pastor) name and signature: _____

Association Treasurer's name and signature: _____

Please use the back of this form if you need more space to write an answer.