TRANSITION-Into-MINISTRY RESIDENCY
Application References

CANDIDATE'S NAME_____

Telephone References

NAME

TELEPHONE NUMBERS Work: _____ Home_____

Address
City, State, Zip_____

How long and in what relationship have you known this person?

NAME

TELEPHONE NUMBERS Work: _____ Home:_____

Address
City, State, ZIP_____

How long and in what relationship have you known this person?

NAME

TELEPHONE NUMBERS Work: _____ Home:_____

Address
City, State, ZIP_____

How long and in what relationship have you known this person?

Letters of Reference

The following have been asked to send letters of reference directly to the church, to be date stamped or postmarked no later than February 20.

1._____

2._____

3._____