

Masters of Biblical and Theological Studies

Applicant Information

Last Name _____ First Name _____

Phone(____) _____ email _____

Pastor's Information

Name _____

Church _____

Address _____

City _____ State _____ Zip _____

Phone(____) _____ email _____

Using the following scale, please rate the applicant in all areas.

0-Not observed 1-Weak 2-Fair 3-Good 4-Very Good 5-Outstanding

<i>Spiritual Maturity</i>		<i>Devotion to Christ</i>	
<i>Integrity and Honesty</i>		<i>Openness to Correction</i>	
<i>Self-Discipline</i>		<i>Self-Motivation</i>	
<i>Family Life</i>		<i>Willingness to Serve</i>	
<i>Ability to Work Well with Others</i>		<i>Respectful of Others</i>	
<i>Communication Skills</i>		<i>Leadership Skills</i>	
<i>Reliability</i>		<i>Physical Health</i>	
<i>Emotional Stability</i>		<i>Effect on Peers</i>	
<i>Cooperative</i>		<i>Promotes Unity</i>	

Please return this completed form by _____ to the following address.

MBTS, C/O Arlington Baptist College, 3001 W Division, Arlington, TX 76017, Attn: Applicant's name