

# ELDERS' AFFIRMATION



The mission of Greenville Presbyterian Theological Seminary is best summarized by the words of A.A. Alexander: "To furnish our congregations with enlightened, humble, zealous, laborious pastors, who shall truly watch for the good of souls, and consider it their highest honour and happiness to win them to the Saviour." As a theological seminary in the confessional Presbyterian and Reformed tradition, we exist to serve the church of today and tomorrow in this work. In this endeavor, we partner with the local church – each applicant is required to submit and Elders' Affirmation Form from the church that holds his membership – including a Pastoral Recommendation.

We take your affirmation most seriously. Your affirmation is a testament on the part of your church as to the perceived fitness of the applicant for advanced theological education. We request that the elders prayerfully consider the statement listed below and vote their affirmation (either formally in session or informally over email, phone, or in person). If the Elders' Affirmation portion of this document is not possible due to extenuating circumstances, we will recognize the endorsement of the appropriate leadership of the church with an accompanying explanatory letter.

If the elders are unwilling to offer their affirmation of the applicant, please enclose a letter on official church letterhead stating the rationale for the elders' decision, and any other recommendations for the Seminary to consider.

## STATEMENT OF AFFIRMATION

APPLICANT'S NAME: \_\_\_\_\_

*"We affirm that the applicant is a member in good standing of this church and demonstrates the appropriate character, ability, and knowledge as necessary for one pursuing a course of advanced theological education."*

Yes No

This statement was approved by the elders.  
*If this statement is not approved by the elders as a body, please indicate the approval process and why an alternative process was followed:*

\_\_\_\_\_

Yes No

This applicant is a member of this church.  
*If the applicant is not a member of your church, please note the rationale for your action:*

\_\_\_\_\_

\_\_\_\_\_ name of church \_\_\_\_\_ date applicant became member \_\_\_\_\_ date of church affirmation

\_\_\_\_\_ address of church \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_ denominational affiliation

\_\_\_\_\_ name of pastor/elder (please print) \_\_\_\_\_ email of pastor/elder \_\_\_\_\_ phone of pastor/elder

\_\_\_\_\_ signature of pastor/elder

# PASTORAL RECOMMENDATION

recommender's name

email address

phone number

How long have you known the applicant? \_\_\_\_\_

Please indicate your understanding of the applicant's ministerial goals:

---

---

---

---

Please evaluate the applicant in the following areas. Please include descriptions of any below average or poor responses on a separate sheet.

	Outstanding	Above Average	Average	Below Average	Poor	No Information
Character (person of moral and spiritual integrity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to vocational ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for effective ministry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill in relating to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/family relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic/intellectual abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you know of any physical, mental or emotional problems which might hinder effective work in Christian ministry?

No  Yes (please elaborate) \_\_\_\_\_

Do you know of any physical, mental or emotional problems which might hinder the applicant's academic progress?

No  Yes (please elaborate) \_\_\_\_\_

Do you know of any personal habits (sexual behavior, drug/alcohol use) or personal prejudices which might hamper service in a church-related position?

No  Yes (please elaborate) \_\_\_\_\_

How do you perceive the attitude of the applicant's spouse/fiancé toward seminary education and vocational Christian ministry?

Very positive  Positive, with some reservations  Neutral  Negative  Not applicable

Please elaborate \_\_\_\_\_

Would you recommend this person to a church-related position upon completion of seminary training?  No  Yes

Do you recommend this person for admission?  No  Yes (if yes, check one):

With confidence  With some reservations  With reluctance

What characteristics do you consider to be the greatest strengths or talents of the applicant? ?

---

---

---

What characteristics do you consider to be the greatest weaknesses of the applicant?

---

---

---

Additional Comments:

---

---

---

---

---

Recommender's Signature

---

Date