## **BMA SEMINARY**

Baptist Missionary Association Theological Seminary P. O. Box 670 Jacksonville, Texas 75766 (903) 586-2501

## VALIDATION OF CHURCH RELATIONSHIP

This section is to be filled out by applicant.	
Applicant's Name	
Address	
City, State, Zip	
This section is to be filled out by church.  Dear Pastor or Church Officer:	
The person stated above is applying for admission to BM applicant:  (1) The applicant's membership or regular participa (2) The church's endorsement of the applicant's pot (3) The length of time and description of the applical If the applicant is not a member but is a regular attender	tential for effective ministry, and ant's involvement in ministries of the church.
The Admissions Committee prefers you use your chu your statement on this form. Be sure the statement is sig	<b>arch letterhead to write this statement.</b> If this is not feasible, you may make and includes the title or position of the signer.
	the application, we are using a self-managed application. Please (1) <b>seal</b> the flap, and (3) <b>return to the applicant</b> the sealed envelope to be included with
If not using church letterhead, please use the space below (and	on the back if necessary) to write your statement.
Signature	Date
Name (please print)	Position
Name of church	Address
Phone	City, State, Zip Rev July 8, 2013