

Recommendation of the applicant to the Bible School Jesus Heals and Restores

from priest / pastor / leader

The contact information of the Applicant

Please fill in the surname, first name, adress, email address and phone number of the applicant

The contact information to the Priest / Pastor / Leader

Please fill in Your name, dress, email address and phone number here

Please fill in your Denomination _____ Name of congregation _____

If you are not a pastor, what is your relation to the applicant? _____

(Is the applicant for example your relative, friend of family, colleague, church member, cell group member, employed in your church.)

Please use the following lines to write a personal recommendation.

Recommendation

- I recommend the applicant to the bible school Jesus Heals and Restores
- I do not recommend the applicant to the bible school Jesus Heals and Restores
- Not sure

Date / Signature _____

Please send this recommendation letter to E-mail: bibelskola@arken.org

The Arken Church, Box 134, S-196 23 Kungsängen, Sweden

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