

TO BE COMPLETED BY PASTOR

Dear Pastor,

Requirements for applicants at SCA, are that **Applicants must give clear testimony of Jesus Christ as personal Lord and Saviour and must be actively attending their Christian Church on a regular basis. Volunteering/involvement in the local church should be a natural outflow of being plugged into their local church and is required to be considered. Only applicants living in accordance with God's Word and Springs Church's Statement of Faith will be considered for involvement at SCA.**

(School Handbook is available to view at <http://springschristianacademy.ca/admissions/admissions/>)

The expectation is for the applicant to arrange a meeting with their local church pastor to complete this reference. Please note that while Springs Church serves as an outreach, Springs Christian Academy is intended to be a Christian school for the active and involved Christian family. SCA serves as an extension of the Christian home and church. Our mandate is to build upon each family's sincere growth in Christ. As such, in filling out this reference, we need you to tell us about the applicant's church attendance, volunteer involvement, devotional lives and review their response on the previous page as this is the criteria vital for involvement at SCA.

TO BE COMPLETED BY PASTOR AFTER ARRANGED MEETING WITH APPLICANT

1. How long have you known this applicant personally? _____ (years) Date received **M**____ **D**____ **Y**_____
2. How many years has this applicant been actively attending and volunteering in your local church? _____
3. Confirm this applicant's church attendance, as stated on the front of this form. weekly // monthly // rarely _____
4. Where does this applicant volunteer in your church? _____
5. List some specific ways in which you feel that this applicant is demonstrating a living relationship with the Lord Jesus Christ:

6. In your opinion, does this applicant meet the requirements for SCA? Yes No

***By checking yes, you have read the requirements and expectations listed above.**

***Your Pastoral Reference will be kept in confidence.**

7. Please feel free to make any additional comments about this applicant.

Pastor's Name (Please Print)

.....
Pastor's Signature

Church Name

Date signed **M**_____ **D**_____ **Y**_____

Church Address

Pastor's Phone Number _____

Pastor's Email Address _____

(Please submit the complete form to info@springs.ca or fax at 204-257-1286).

Document Updated November 2022)

For office use only:

Date Received: **M**_____ **D**_____ **Y**_____

Received by: _____

Does this applicant meet the requirements for SCA? Yes // No