



Validation of Church Relationship

THIS SECTION IS TO BE FILLED OUT BY APPLICANT.	
APPLICANT NAME	
ADDRESS	
CITY, STATE, ZIP	
Dear Pastor or Church Officer:	
The person stated above is applying for admissic validates the following areas regarding the appli	on to Dallas Theological Seminary. We ask that you write a statement that cant:
(1) The applicant's membership or regular pa(2) The church's endorsement of the applicant(3) The length of time and description of the	
_	attender, please qualify your statement accordingly.
	church letterhead to write this statement. If this is not feasible, you may atement is signed and includes the title or position of the signer.
	table of the application, we are using a self-managed application. Please (1) sign across the flap, and (3) return to the applicant the sealed envelope to be
If not using church letterhead, please use the spa	ATEMENT HERE
SIGNATURE	DATE
NAME (PLEASE PRINT)	POSITION
NAME OF CHURCH	ADDRESS