



FOUNTAIN OF TRUTH  
**BIBLE INSTITUTE**

**PASTORAL RECOMMENDATION**

**ENGLISH**

*All required information should be filled out and signed by the student's Pastor. Please turn in this form on the first day of class.*

Student's full name: \_\_\_\_\_

Church name: \_\_\_\_\_

Church address: \_\_\_\_\_

\_\_\_\_\_

Pastor's name: \_\_\_\_\_

The above student is a faithful member of the church I pastor and has my support and recommendation to attend Fountain of Truth Bible Institute.

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Date