



Pastor's Recommendation Form for the Jay Whalen Memorial Scholarship / IMB Internship Program

(For members in good standing of a partnering BHBA Church. BHBA reserves the right to deny any and all applications.)

Must be received on or before March 1, 2024

Name of Applicant: _____

1. Member of my church for _____ years.

2. I have personally known him/her for _____ years.

3. Please tell us why you believe this applicant would be a good candidate for a summer on mission with the IMB:

4. What insight could you offer about applicant's spiritual, physical and emotional maturity and health?

5. Please list any potential issues or concerns about this applicant that should be considered before approval:

Church Name _____

Church Address _____

Pastor Name _____

Pastor Phone Number(s) _____

Pastor Signature

Date