



PASTOR'S REFERRAL FORM

A. THIS SECTION TO BE COMPLETED BY PARENTS/APPLICANTS 18 or OLDER

Please complete this section, then forward to your pastor along with an envelope addressed to EMWI SMM ACHIEVERS HALL OF FAME.

Parents' names:	City:	Zip:
Phone:	Applicant Name:	
Address:	Attending School:	

B. THIS SECTION TO BE COMPLETED BY YOUR PASTOR

DEAR PASTOR: EMWI SMM Achievers Hall of Fame accepts students who are faithful to their local church. Please complete this Referral Form and return it to EMWI SMM Achievers Hall of Fame, P. O. Box 301, St. Peters, MO 63376, or you may fax it to (636)395-7943. Thank you for your assistance! (PLEASE CALL BEFORE FAXING)

Name of Church: _____

Address: _____

Pastor's Name: _____ Phone: _____

REGULARITY OF ATTENDANCE: Please Circle: R = Regularly O = Often S = Sometimes

Comments by Pastor:

Pastor's Signature: _____ Date: _____

THIS APPLICANT'S APPLICATION CANNOT BE COMPLETED UNTIL THIS FORM HAS BEEN RECEIVED BY EMWI SMM ACHIEVERS HALL OF FAME.

EMWI, SMM ACHIEVERS HALL OF FAME, P.O. BOX 301, ST. PETERS, MO 63376 (636) 395-7943