



District Recommendation Form

3 KACEY COURT, SUITE 101
MECHANICSBURG, PA 17055
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Please complete the top section of this form and forward to your district office for completion by the superintendent. Once the recommendation is complete, the district office should e-mail it to loans@hisfund.com.

Section 1: Church or Ministry Information	
Church Name:	
City:	
Pastor's Name:	
Loan Amount:	

Section 2: Pastor & Tenure	
How long has the pastor been at this church?	
Does the pastor have a good ministry record?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Can you describe the pastor's commitment to this church?	

Section 3: Ministry (check one)	
The pastor has a good rapport with the congregation.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> strongly disagree disagree neutral agree strongly agree
The pastor has a good relationship with the church board.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> strongly disagree disagree neutral agree strongly agree
The pastor has a relevant ministry in the community.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> strongly disagree disagree neutral agree strongly agree

Section 4: Relationship with the District (check one)	
The pastor is personally and financially supportive of the district	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> strongly disagree disagree neutral agree strongly agree
The pastor participates in district events.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> strongly disagree disagree neutral agree strongly agree
The pastor represents the district in a positive manner.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> strongly disagree disagree neutral agree strongly agree

Section 5: Signatures	
_____	_____
Signature	Date
_____	_____
Printed Name of District Official	Title
If the person filling out this recommendation is someone other than the superintendent, then please have the superintendent sign below.	
_____	_____
Superintendent Signature	Date