



Spartanburg Methodist College United Methodist Student Recommendation Form

Confidential Information to be supplied by Pastor

This is to certify that _____ is an active member
(Please print name of student)
of _____ United Methodist Church
(Name of Church)
and has been an active member for at least one year.

Date of student's confirmation/membership vows with The United
Methodist Church: _____ / _____
Month Year

Signature of Pastor _____

Church Address _____

Telephone Number _____

Date _____

Please return this form to:

**Spartanburg Methodist College
Office of Financial Aid
1000 Powell Mill Road
Spartanburg, SC 29301
Fax: 864-587-4382**