

## Personal Information

Name \_\_\_\_\_ ID # (if known) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Session/Year Admitted For \_\_\_\_\_ Degree Program \_\_\_\_\_

I am a U.S. citizen or green card holder  Yes  No      Campus \_\_\_\_\_

## Ministry Experience

Please answer the following:

- I. Please indicate which, if any, of the following types of ministry you have been involved in:
- |                      | As a Leader              | As a Participant         |
|----------------------|--------------------------|--------------------------|
| Small Group          | <input type="checkbox"/> | <input type="checkbox"/> |
| Accountability Group | <input type="checkbox"/> | <input type="checkbox"/> |
| Discipleship         | <input type="checkbox"/> | <input type="checkbox"/> |
| Evangelism           | <input type="checkbox"/> | <input type="checkbox"/> |
| Overseas Missions    | <input type="checkbox"/> | <input type="checkbox"/> |
| Church Planting      | <input type="checkbox"/> | <input type="checkbox"/> |
| Parachurch Ministry  | <input type="checkbox"/> | <input type="checkbox"/> |
| Church Ministry      | <input type="checkbox"/> | <input type="checkbox"/> |
| Stewardship/Finance  | <input type="checkbox"/> | <input type="checkbox"/> |

- II. Have you ever raised support for ministry before?  Yes  No.  
If yes, please attach, in no more than one typewritten page, a statement discussing the following: how recently you have been involved in support-raising, the type of support you raised (prayer, financial, or both), the purpose for which you were involved in support-raising, the degree of success you experienced in gathering a support team, and your current involvement with your support team.
- III. What do you understand to be the biblical rationale for support-raising? Please attach response.
- IV. How do you envision the Partnership Program will assist you in your future ministry? Please attach response.
- V. Are you willing to commit to the Gordon-Conwell Partnership Program, which involves small group and institutional accountability, specialized mentored ministry training, and monthly donor support correspondence?  Yes  No

## VI. Supporting Team Members Form

Please complete the form entitled "Supporting Members." This form is designed for you to provide the committee with a better understanding of the extent of your current network, the nature of your relationships with network members, and the degree to which your network has supported your ministry activities to date.

## Check List for a Complete Partnership Program Application

- 1. Completed Application with Signature and written responses attached
- 2. Supporting Team Members Form

Return the Application to:

Partnership Director  
Gordon-Conwell Theological Seminary  
130 Essex Street  
S. Hamilton, MA 01982

Once application materials are submitted to Gordon-Conwell, they become the permanent record and property of the seminary. Submitted application materials will not be returned to the applicant.

## Signature Section

I hereby declare that all information presented in this application is accurate and complete.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please call the Partnership Program at 978-646-4027  
or e-mail us at [partnership@gcts.edu](mailto:partnership@gcts.edu).

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