

Personal Information

Name _____ ID # (if known) _____

Address _____ City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____ E-mail Address _____

Session/Year Applying for Partnership _____ Session/Year of First class on Campus (ie; Fall 2017): _____

Degree Program _____ Campus _____ I am a U.S. citizen or green card holder Yes No

I am applying for the part-time pilot program (Charlotte & Boston campus only—4 or less classes/year) Yes No

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 Gordon-Conwell's Partnership Program, which involves small group and institutional accountability, specialized biblical stewardship training, and monthly donor support correspondence? Yes No

References

VI. Please provide the names of three references who can attest to your readiness to receive this scholarship. Have each individual complete and return the attached recommendation forms. (Letters of Recommendation are only required for current GCTS students who have begun taking classes).

Name _____

Name _____

Name _____

VII. 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
- 3. Three Recommendation Forms (Current GCTS students only)

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.

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