Gordon-Conwell Freelogical Seminary

130 Essex Street, South Hamilton, MA 01982 (978) 646-4027 www.gordonconwell.edu/partnership e-mail: partnership@gcts.edu

PARTNERSHIP PROGRAM LETTER OF RECOMMENDATION

Return the Application to: Partnership Director Gordon-Conwell Theological Seminary 130 Essex Street, S.Hamilton, MA 01982

The Gordon-Conwell Theological Seminary Partnership Program is designed to strengthen: (1) the congregation's role in an applicant's spiritual calling, (2) the applicant's theology and practice of financial stewardship, and (3) the spiritual formation of the applicant through discipleship. The program, which includes a full-tuition scholarship, is awarded to students* who demonstrate strong faith in Jesus Christ, excellent ministry experience, and strong potential for leadership ministry.

To Be Completed By The Applicant	
Name:	
Session/Year Admitted For:	_Degree Program:

Please respond to the following questions. If you need additional space, please feel free to continue on a separate page.

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. How would you describe the applicant's involvement in ministry? 🗖 Very Involved 📮 Somewhat Involved 📮 Not Involved

4. What have you observed to be the ministry gifts of the applicant?

5. Have you supported the applicant in ministry? \Box Yes \Box No

6. If so, how? D Prayer D Financial D Both

7. On a scale of 1-10, how enthusiastic are you to support this applicant's ministry training?

Would you recommend this applicant for the scholarship? 🗖 Yes 🛛 No (Please explain; use extra sheet or back of form if necessary.)

Signature			Date	
Name (please print)				
Phone Number	E-mail			
Address	City	State	Zip Code	
Alumnus/a? 🗖 Yes 📮 No				
May we contact you for further information?	□ Yes □ No			
*Current students are not eligible for the ful	l-tuition scholarship, but are eligible for	the previous provisions o	f the Partnership Program.	