

**CONFIDENTIAL LEADERSHIP RECOMMENDATION FORM**

**TOGETHER: A Collaborative for Theological Education, Formation, and Community**



Applicant's name \_\_\_\_\_

*In order to be of the most effective service to the person named above who seeks to be part of **Together**, we ask that you respond fully and carefully to the questions below. If needed, a second page provides space for additional comments.*

What does the congregation/province hope the applicant will gain from his/her participation in **Together**?

What does the congregation/province hope to gain from the applicant's participation in **Together**?

What could the broader church gain from the applicant's participation in **Together**?

How will the congregation/province support the applicant's successful participation in **Together**?

Any other information you wish to share?

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Please email completed form to: [mhowell@relforcon.org](mailto:mhowell@relforcon.org)

**Maribeth Howell, OP, Program Coordinator**

Space for additional comments, as needed: