

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: czaker@ctu.edu

Christina R. Zaker, DMin, Program Liaison

Space for additional comments, as needed: