

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, please attach an additional sheet.*

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 _____

Signature _____ Position _____

Please email completed and scanned form to: **kconrad@relforcon.org**

Please mail this form by post to:

**Karina Conrad, CDP | Religious Formation Conference
5401 S. Cornell Ave, Suite 304 | Chicago, IL 60615**