

GRACE FELLOWSHIP CHURCH INTERNSHIP APPLICATION

Application Process

1. The application has six components. We require that you *send in all six components together in one packet.*
 - Application Form
 - Photograph
 - A typed one or two page personal testimony (See page two, Personal/Family Info section).
 - Pastoral Recommendation from a Pastor who has known you for two years (See attached Form; To be returned in a signed, sealed envelope).
 - Personal Reference from a friend who has known you for five years (See attached Form; To be returned in a signed, sealed envelope).
 - \$25.00 **non-refundable** application fee (Make checks payable to Grace Fellowship Church).
2. Please complete and submit the above six components no later than 60 days prior to your requested internship start date for which you are applying.

Please mail your application to:

Grace Fellowship Church
8 Franklin St
Nashua, NH 03064

3. Once we have received your application, our team will review it and we will notify you of its status.
4. Upon acceptance, a letter and packet will be mailed with details of the upcoming start dates, enrollment information, housing information, etc.
5. We cannot accept international students at this time. Please email office@gracefellowship.org for more information on our International Students policy.
6. Please email our office at office@gracefellowship.org if you have any questions during the application process. If you do not have an email account, please make every effort to set one up as this is how we will correspond with you.

9. Please list employment for the past three years.

Name	Address (City, State)	Dates Employed	Type of Work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MINISTRY AND GIFTINGS INFORMATION

10. Details of Church Background: (Please include dates)

11. Details of Previous Ministry Involvement:

12. Are you currently actively involved in a local church? Yes No (If no, please explain)

13. List the name of your current local church, how long you have been there, and your areas of current involvement.

14. What would you consider to be your gifts and talents (spiritual and natural)?

15. What would you consider to be your weaknesses?

16. List some of your hobbies and interests:

17. Please try to assess the following in yourself:

	<u>Uncertain</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Outstanding</u>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

HEALTH INFORMATION

18. Do you have any physical disabilities or conditions that require special care? (If yes, please explain)

19. Please tell us if you have had (past) or have (present) life-controlling issues.

20. Have you ever sought help for Psychological problems? (sexual, emotional, relational) Circle all that apply. If so, please describe when, with whom and for what

<u>Year</u>	<u>Caregiver(s)</u>	<u>Duration of Care</u>	<u>Identified Problem</u>

21. Are you, or have you ever been, on medication related to psychological problems? If so, please specify:

22. Do you have insurance? If so, what kind(s)?

FUTURE GOALS:

23. What level of involvement do you want to have with the GFC Prayer Movement while a student in the Grace Fellowship Church Internship?

24. How long do you see yourself at Grace Fellowship Church?

25. What are you hoping to learn from this school?

26. What are your goals for the future? What vision do you have for life and ministry?

27. How do you plan to financially support yourself?

28. In case of an emergency, whom may we contact?

Name	Phone Number(s)	Relationship to Applicant
_____	_____	_____

29. How did you hear about Grace Fellowship Church?

All statements and representations in this application are complete and true.

Signature *Date*

Please attach \$25 (US Dollars) check to this application for administrative processing. Make check payable to Grace Fellowship Church Internship. If needing to pay by credit card, please fill in the information below:

- Visa Mastercard American Express Discover

Cred Card #: _____ **Exp Date:** _____ **CVC** _____

Signature *Date*

If you have any questions regarding this application, please send an email to office@gracefellowship.org.

GRACE FELLOWSHIP CHURCH INTERNSHIP APPLICATION

Pastoral Recommendation Form

To Be Completed By The Applicant:

Applicant

Name: _____
Last First

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

To the Applicant:

You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee. Please note: Failure to indicate a choice is the same as checking the "I do not waive" box.

- I waive my right to see this character reference.
- I do not waive my right to see this character reference.

To the Pastoral Reference:

This recommendation form is to be completed by the applicant's (present or former) pastor. In the case that the applicant's father is the pastor, an elder or other church officer may act as pastoral reference. **Please return this form directly to the applicant in a sealed envelope with your signature across the seal.** If you have any questions, you may email them to office@gracefellowship.org. Thank you for your involvement in this important phase of the applicant's life.

Your Name: _____	Your Position: _____
Church Name: _____	
Church Address: _____	
Church Phone: () _____	Email: _____
Best Number to Call: () _____	Day/Time to Call: _____

1. How long have you known the applicant? _____

2. How well do you know the applicant?

- Very well Fairly well Casually By name/sight

3. Please describe the applicant's level of involvement in your church. (Check all that apply)

- Attends regularly Cooperative Interested Attends Irregularly
 Involved Distant Enthusiastic Willing to help

4. Has the applicant served your congregation in any capacity? If so, please give a brief description.

5. What are the strengths and spiritual gifts of the applicant according to your observations?

6. What is your assessment of the applicant's weaknesses?

7. What is the applicant's affect on his/her peers? Positive Neutral Negative Unknown

Comments on the above:

8. Are there any complex family factors which might affect the applicant's internship at the Grace Fellowship Church?

9. Please try to assess the following based on your knowledge of the applicant.

	<u>Uncertain or Not Observed</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Outstanding</u>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

10. Would you have the applicant on your staff? Yes No *Why or why not?*

11. What overall recommendation do you give to this applicant for the Grace Fellowship Church Internship?

Highly Recommend Recommend Recommend with reservations* Do not recommend*

**Please explain concerns below or add your comments:*

Signature _____ Date _____

GRACE FELLOWSHIP CHURCH INTERNSHIP APPLICATION

Personal Recommendation Form

To Be Completed By The Applicant:

Applicant

Name: _____
Last First

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

To the Applicant:

You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee. Please note: Failure to indicate a choice is the same as checking the "I do not waive" box.

I waive my right to see this character reference.

I do not waive my right to see this character reference.

To the Personal Reference:

This recommendation form is to be completed by a friend (not a spouse or relative); one who has know the applicant for at least five years. **Please return this form directly to the applicant in a sealed envelope with your signature across the seal.** If you have any questions, you may email them to office@gracefellowship.org. Thank you for your involvement in this important phase of the applicant's life.

Your
Name: _____

Address: _____

Best Number Day/Time
to Call: () _____ to Call: _____

Email: _____

1. How long have you known the applicant? _____

2. How well do you know the applicant?

- Very well Fairly well Casually By name/sight

3. What is the relationship between you and the applicant?

4. What are the strengths and/or spiritual gifts of the applicant according to your observations?

5. What is your assessment of the applicant's weaknesses?

6. What is the applicant's affect on his/her peers? Positive Neutral Negative Unknown

Comments on the above:

7. Are there any complex family factors which might affect the applicant's internship at the Grace Fellowship Church?

8. Please try to assess the following based on your knowledge of the applicant.

	<u>Uncertain or Not Observed</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Outstanding</u>
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Integrity and honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to Correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

9. Would you support your friend's decision to work as an intern at Grace Fellowship Church?

Yes No *Why or why not?*

10. What overall recommendation do you give to this applicant for the Grace Fellowship Church Internship?

Highly Recommend Recommend Recommend with reservations* Do not recommend*

**Please explain concerns below or add your comments:*

Signature _____ Date _____