



ACADEMIC ADVISOR'S REFERENCE

_____ has applied for an Orthodox Mission Team Grant. This is for a short-term mission program sponsored by the Orthodox Christian Mission Center (OCMC). We appreciate your willingness to help us understand this applicant's strengths and weaknesses. Applicants cannot be considered for a Grant without a reference from you. It will be most helpful to both the applicant and OCMC if you were candid with your responses. To ensure legibility, please type or print your comments.

CHURCH INVOLVEMENT

How long have you known this person? *Less than 6 months* *7-12 months* *1-2 years* *3-5 years* *more than 5 years*

How involved has the applicant been in Seminary activities? *Very* *1* *2* *3* *4* *5* *6* *Uninvolved*

In what capacity? _____

MISSION TEAM READINESS

Why do you think this person wants to participate on an Orthodox Mission Team? _____

In your opinion, will the applicant benefit from this missionary experience? _____

Can this experience widen the applicant's horizons and strengthen leadership skills? _____

Do you think the mission trip will encourage the applicant to be involved in creating missionary awareness? _____

APPLICANT CHARACTER

What gifts for ministries have you perceived in the applicant? _____

What areas of weakness or need for growth do you perceive in the applicant? _____

Please describe the applicant's character in areas of "can do" attitude, response to authority, team player, and ability to handle stress in a changing environment.

Please describe any concerns you may have concerning the applicant. _____

Do you perceive this applicant as a future church/ministry leader? Yes No Unknown

Does this applicant aspire to ordination? (if applicable) Yes No Unknown

To what extent would you consider the applicant grounded in Orthodox beliefs and their knowledge of Holy Scripture?
(check all that apply) Very Applies to own life Teaches others Not at all Unknown

Can you wholeheartedly and without reservation recommend this person for mission service? (if no, explain) Yes No

Please do not hesitate to contact us if there are further questions or any information that will help us to better evaluate this applicant. The application **cannot** be processed until your evaluation is received. If your recommendation is the reason for denial of a grant award, only the fact that there was a negative recommendation will be shared with the applicant (after informing you). All information will be held in privacy and confidence, limiting its release only to parties involved with the facilitation and implementation of the OCMC short-term mission team assignment. Please mail or fax this directly to OCMC.

Mail completed form to: Orthodox Christian Mission Center, 220 Mason Manatee Way, St. Augustine, FL, 32086-9907 or fax reference to: (904) 829-1635

Name _____ Signature _____ Date _____

School _____

Address _____

Phone _____ E-mail _____