

**Lutheran Church of the Cross  
Pastoral and Ministry Leadership Training Support  
Application Process Procedures**

**Applicant:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

	<u>Date Sent</u>	<u>Date Received</u>
Application:	_____	_____
Written essay:	_____	_____
Recommendations: 1.	_____	_____
2.	_____	_____
3.	_____	_____
Transcript (unless waived by the BSO):		_____

	<u>Date(s) Completed</u>
Screening committee appointed	_____
Screening recommendation submitted to BSO	_____
Board of Spiritual Oversight meeting to consider candidate	_____
Letter sent to candidate (if did not receive an interview)	_____
Board of Spiritual Oversight interview with candidate	_____
Board of Spiritual Oversight determination of type/level of support	_____
Board of Spiritual Oversight appointment and approval of mentor	_____
Meeting with candidate to communicate decision	_____
Decision letter to candidate and training institution	_____
Mentor's communication with student—(minimum quarterly contact)	_____

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Annual Review form:	Year 1 _____
	Year 2 _____
	Year 3 _____
	Year 4 _____