

# Ministry Endorsement

*(Doctor of Ministry Applicants Only)*

## Section 1: This section to be completed by applicant

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle Initial

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Section 2: This section to be completed by the appropriate church/ministry official

On \_\_\_\_\_ The Board/Administrative staff of \_\_\_\_\_  
(date) (Church/Ministry Name)

officially endorses \_\_\_\_\_ as an applicant for the Doctor of Ministry  
(Applicant)

program at Denver Seminary. Understanding that the required work is intended to further the ministry here, this organization pledges that it will support the applicant in the completion of the Doctor of Ministry program, and that it will cooperate fully in those field projects that the applicant will seek to develop as a part of his or her advanced training for the benefit of the organization.

Ministry Address \_\_\_\_\_  
Street Address City State ZIP Code

\_\_\_\_\_  
Printed Name of Church/Ministry Official Title

\_\_\_\_\_  
Signature of Church/Ministry Official Date ( ) Phone No.