

Facing Your Future



**"I loved this program! It has opened my eyes to the Christian faith and I feel extremely blessed to have been able to come."
— FYF 2009 Alumnus**

Nomination Form

Deadline for submission: February 1, 2010

Instructions for Nominator

1. Consider students who meet the criteria indicated in the brochure. Each nominator is limited to nominating one student.
2. Review the program with the prospective nominee.
3. Obtain the student's permission to participate and the parent's/guardian's permission for you to nominate their student.
4. Assist the nominee in completing the supporting form.
5. Return the student nominee form, most recent high school transcript, and nominating form to Calvin Seminary.
6. Be as thorough as possible and use additional paper as needed.
7. **Completed applications must be received by the FYF office by February 1, 2010, to be considered.**

Mail completed forms to:

Calvin Theological Seminary
c/o Facing Your Future
3233 Burton Street SE
Grand Rapids, Michigan 49546-4387
United States

For further information contact:

Phone: 616-957-7154
Fax: 616-957-8621
E-mail: fyf@calvinseminary.edu

Nominator Information (please type or print)

Nominator's name _____

Address _____

Phone number _____

Fax number _____

E-mail address _____

Name of your church _____

Your position _____

Nominee's name _____

Nominee's church* _____

How long have you known the nominee? _____

In what capacity? _____

*Must be affiliated with the Christian Reformed Church.

Facing Your Future



Feel free to use a separate sheet for the next four questions if you need more space.

Please describe the nominee's qualifications for this program.

Has the nominee shown interest in ministry? If so, please describe.

What specific involvement in church activities or ministries has the nominee had?

What has been your impression of this involvement?

Would you be willing to serve as the nominee's mentor during the year following the program? Yes No

If no, do you have any suggestions for a mentor? _____

Phone: _____ E-mail: _____

Is the church council supportive of this nominee's participation in the program? Yes No

Note: Participants are required to pay a participation fee of \$310 USD.

Payment is due at the time of acceptance. Do not send fee with the application.

Signature of Nominator _____ Date _____