



FELLOWS PROGRAM

YEAR TWO APPLICATION FORM

Date: _____ Location: _____

Last Name: _____

First Name: _____

Best phone number to reach you: _____

Best email to reach you: _____

This form must be printed and filled out by hand. Completed applications may be returned via fax or mail to the Institute location to which you are applying. To complete your application, please have your pastor or ministry leader submit a **C.S. Lewis Institute Fellows Program Recommendation Form** and return it directly to the Institute location to which you are applying. All forms and location information can be found on our web site at www.cslewisinstitute.org/CSLI_Locations.

Street Address _____

City: _____ State: _____ Zip: _____

Age: _____ Gender: _____ Marital Status: _____ Number of Children: _____

Church: _____

Employer: _____

Position: _____

Level of Education: _____

Year One Fellows Class Year (i.e. 20XX-20XX): _____

Please answer the following questions. You may copy and paste the questions into a separate document if you need more room.

1. Who was your Year One Mentor?

2. Did you complete all assignments for Year One? (If no, please comment on level of completion.)

3. How did the Year One Fellows Program help you become a more mature disciple of Jesus Christ? What were the highlights? Please give specific examples of how your life is different today because of the Fellows Program.

4. What specific goals do you have for participating in the Year Two Fellows Program?

5. What are your top three goals in life?

6. Can you commit to attending all meetings and completing the assignments of the Year Two Program?

7. If married, is your spouse in agreement with your desire to participate in this program?