

Date: _____

ITW applicant's name: _____

PLEASE PRINT

This applicant has my approval to attend Intensive Training Week.

Pastor's or Pastor's Designee's Name: _____

PLEASE PRINT

Pastor's or Pastor's Designee's Signature _____

**RETURN THIS TO HOPE CORP ITW APPLICANT SO THEY CAN UPLOAD
TO THEIR APPLCIATION. THANK YOU!**