Date:	
ITW applicant's name:	
PLEASE PRINT	
This applicant has my approval to attend Intensive Training Week.	
approximation, approximation and an arrangement of the second and arrangement of the second arrangemen	
Pastor's or Pastor's Designee's Name:	
PLEASE PRINT	
T LEASE T MINT	
Postor's or Postor's Posignos's Signature	

PASTOR: PLEASE RETURN THIS TO THE HOPE CORPS ITW APPLICANT SO THEY CAN UPLOAD TO THEIR ITW APPLICATION. THANK YOU!