

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 _____

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