



CHURCH AND CONVENTION MINISTRY SCHOLARSHIP
MINISTRY MENTORSHIP EVALUATION
SPRING 2012

*This form is to be completed by the student and must be submitted
with the Personal Assessment Form, due May 11*

DATE: _____

STUDENT NAME: _____ VOCATIONAL GOAL: _____

MENTOR'S NAME: _____ TITLE: _____

CHURCH/MINISTRY: _____ PHONE #: _____

*In light of the stated purpose and objectives of the CCMS program, I met with my mentor for _____
hours during the Spring 2012 semester.*

Student's Signature

Mentor's Signature

In what area was this mentorship most beneficial to you?

In what ways can the mentorship track be improved?