

# PARTNER ORGANIZATION APPLICATION

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CONSORTIUM  
*of* CHRISTIAN  
STUDY CENTERS

Organization name \_\_\_\_\_

Mailing address \_\_\_\_\_

Physical address \_\_\_\_\_

Point of contact \_\_\_\_\_ Title/role \_\_\_\_\_

Email \_\_\_\_\_ Work phone \_\_\_\_\_

Organization website \_\_\_\_\_ Mobile phone \_\_\_\_\_

Social media links

What is the denomination or ministry affiliation of your organization?

What is the mission statement of your organization?

What is the operating budget for your organization? \_\_\_\_\_

*If you are a subsidiary of a parent organization, please give the budget of the parent organization's annual expenses.*

Why does your organization want to partner with the Consortium of Christian Study Centers?

Briefly describe your organization's program and activities.

Does your organization agree with the CCSC mission statement (see [Supporting Documents](#)), and how do you think partnership status in the CCSC will serve your organization? How might your organization support the mission of Christian Study Centers?

Does your organization affirm the historic, orthodox beliefs of the Christian faith as summarized by the Apostles' and Nicene Creeds?

Yes  No

If you responded "No", please explain, though agreement is not required for Partner Organization status.

Have you read and do you agree with the common vision and core commitments of a Christian Study Center (see [Supporting Documents](#))?      Yes       No

If not, how do you differ from them?

Have you read and understood the requirements for Partner Organization status in the CCSC and do you agree to uphold them?      Yes       No

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**Authorized officer signature** \_\_\_\_\_

**Full name** \_\_\_\_\_

**Date** \_\_\_\_\_



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