

# Hierarch's Evaluation

## diaconate program

**Holy Cross  
Greek Orthodox  
School of Theology**  
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### TO THE APPLICANT

Please fill out the section below for your metropolitan's information; we suggest having your priest forward his recommendation as well. Contact the local metropolis to arrange for your metropolitan to complete the form and return it to the Office of Admissions. Often a hierarch will want to meet with you personally as part of the process. As always, it is a courtesy to include a stamped, addressed envelope.

Name: \_\_\_\_\_ Nameday: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Parish: \_\_\_\_\_

Present Occupation: \_\_\_\_\_ How long: \_\_\_\_\_

Marital Status:

Single  Married  Separated  Divorced  Widowed  Other \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Children (names/ages) \_\_\_\_\_

\_\_\_\_\_

#### Parish Activities / Involvement (Indicate length of involvement):

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> GOYA              | <input type="checkbox"/> YAL                 | <input type="checkbox"/> Parish Athletics     | <input type="checkbox"/> Dance Troupe          |
| <input type="checkbox"/> AHEPA / Daughters | <input type="checkbox"/> Choir               | <input type="checkbox"/> Chanting             | <input type="checkbox"/> Sunday School Teacher |
| <input type="checkbox"/> Parish Council    | <input type="checkbox"/> Youth Group Sponsor | <input type="checkbox"/> Greek School Teacher | <input type="checkbox"/> Bible Study           |
| <input type="checkbox"/> Altarboy          | <input type="checkbox"/> Tonsured Reader     | <input type="checkbox"/> Orthodox Scouting    | <input type="checkbox"/> Other                 |

This information will become part of your admissions file. The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enrolled, to aid in advising and otherwise assisting you. It will not be disclosed to any unauthorized individual without your consent. Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right, if you enroll in the Program, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box indicating whether or not you wish to waive this right and sign your name.

I  waive  do not waive any right of access that I may have to this recommendation form.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TO THE HIERARCH

The person presenting you this form is applying for admission to Holy Cross with the intent of preparing to serve the Orthodox Church. In conformity with traditional practice, episcopal approval must be obtained before beginning studies for Church service. We very much appreciate the thoughtfulness, thoroughness, and time you will devote to this evaluation. Please be assured that the School is grateful for your ongoing assistance in the selection and formation of future Church leaders.

Respectfully,

Admissions Department

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?

- I know the applicant very well.     I know the applicant well enough.     I am familiar with the applicant.  
 I have met the applicant for the first time during this process.     I do not recall ever having met the applicant.

In the space provided, kindly describe your overall impression of the suitability of this applicant for theological studies leading to ecclesiastical service. Please include comments on both the applicant's personal assets or positive features and possible liabilities or handicaps as a potential Church leader. Please use additional sheets if desired.

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How do you respond to the applicant's desire enter the Diaconate Program leading to Church service?

- The applicant has my blessing.  
 The applicant does not have my blessing.

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## MENTOR ASSIGNMENT

Mentor Priest's Name: \_\_\_\_\_

Mentor Priest's Parish \_\_\_\_\_

City/State: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Hierarch's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hierarch's Name (please print): \_\_\_\_\_

Metropolis: \_\_\_\_\_ Phone Number: \_\_\_\_\_