

## APPLICATION FOR NEW PATHWAY SITE

**To fill out this form, you will need the following information:**

- |  |   |
|--|---|
| <p><b>1. Location Analysis</b> (address of proposed Pathway site, number of participating stakes, and Internet access)</p> | <p><b>3. Implementation Strategy</b> (enrollment goal, leadership support, and strategy for identifying potential students)</p> |
| <p><b>2. Contact Information</b> (Area Seventy, Agent Stake President, Institute Director, and CES Area Director)</p>      | <p><b>4. Availability of Church - Service Missionary Couple</b></p>   |

### Directions:

*This form can be saved on your computer. When you are ready to submit your application, email a copy to [pathway@byui.edu](mailto:pathway@byui.edu).*

### 1 LOCATION ANALYSIS

Proposed Site Name: \_\_\_\_\_

Proposed Site Address: \_\_\_\_\_

This facility is: ☐ Institute Building ☐ Stake Center ☐ Other \_\_\_\_\_

#### Internet Access

Y N

☐ ☐ Is there adequate wireless Internet access at the proposed Pathway site?

#### Stakes

Which stakes will participate?

_____	_____
_____	_____
_____	_____

### ***Young Single Adult***

How would you describe the YSA efforts in the area?

- |   |   |
|---|---|
| <input type="checkbox"/> Strong, vibrant regional YSA community | <input type="checkbox"/> Developing stake YSA community           |
| <input type="checkbox"/> Strong, vibrant stake YSA community    | <input type="checkbox"/> Currently no formal YSA program in place |
| <input type="checkbox"/> Developing regional YSA community      |   |

### ***Young Single Adult Resources***

What resources are in place for young single adults? Please list any noteworthy YSA efforts within your stake or region.

---

**2**

## **CONTACT INFORMATION**

*This is the contact information of the person filling out this form.*

Name

Church/CES Position

Phone

Email

---

**3**

## **GENERAL INFORMATION**

### **AREA SEVENTY**

Name

Phone

Email

## AGENT STAKE PRESIDENT

*Enter the information for the stake president who has been assigned to lead the local Pathway effort.*

Name

Stake

Phone

Email

## INSTITUTE DIRECTOR

*Enter the information of the designated institute director who would be affiliated with this site.*

Name

Phone

Email

## CES AREA DIRECTOR

Name

Phone

Email

---

4

## IMPLEMENTATION STRATEGY

### ***Enrollment Goal***

What is your goal for the number of students you'd like to see enroll in Pathway?

### ***Interval***

How often can a group of this size begin (i.e., once a semester, once a year)?

## ***Finding the One***

*Pathway can be a powerful tool in helping priesthood leaders with existing rescue, reactivation, and retention efforts. As such, the effort to find students will usually involve a personal invitation to participate.*

### ***Leadership***

Which local priesthood & auxiliary leaders will support the Pathway effort locally and be instrumental in the program's success?

### ***Strategy***

Please describe your overall strategy for identifying potential students.

*(A couple of things to consider: communication channels, council meetings, local presentations, and distribution of marketing materials.)*

### ***Additional Assignments***

Please list any additional ward/stake assignments that will be made to identify potential students.

5

PATHWAY CHURCH SERVICE MISSIONARY COMPANIONSHIP

*The ideal missionary companionship should possess some or all of the following characteristics:*

1. Love for and ability to mentor young adults

2. Available on Thursday evenings for Pathway gatherings

3. Comfortable making presentations
4. Strong testimonies

5. Role models of blessings of discipleship

6. Comfortable using computers

Please indicate the availability of local missionary companionships:

- ☐ Missionary companionship in place and familiar with Pathway
- ☐ Missionary companionship in place
- ☐ Potential companionship under consideration
- ☐ Search will begin upon approval

6

ADDITIONAL INFORMATION

What else should we consider in evaluating this request for Pathway implementation?  
Please explain in detail.

Y N

- ☐

☐

Have you reviewed this application with your Area Seventy and Area Presidency *(if applicable)*?
- ☐

☐

Have you reviewed this application with your CES Area Director?