

## APPLICATION TO COME UNDER CARE OF PRESBYTERY

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred Phone: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

Name of Ruling Elder who knows you well: \_\_\_\_\_

Name of Presbytery to which you are applying: \_\_\_\_\_

Name of School/College/Seminary: \_\_\_\_\_

Year of anticipated graduation: \_\_\_\_\_ Anticipated Degree: \_\_\_\_\_

Please check:    \_\_\_\_\_ Male                      \_\_\_\_\_ Female

Session endorsement: \_\_\_\_\_ (date)

Seeking to be received as a candidate with extraordinary circumstances (G.11-2I)

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

This is to certify that \_\_\_\_\_ has been taken under care of the

Ministerial/Candidates Committee of the Presbytery of \_\_\_\_\_

Signed: \_\_\_\_\_, Stated Clerk