

**APPLICATION TO COME UNDER CARE OF PRESBYTERY'S
MINISTERIAL/CANDIDATES COMMITTEE**

Name of Applicant:

Mailing Address:

Phone:

Fax:

Email:

Date of Birth:

Name of Pastor:

Name of Ruling Elder who knows you well:

Name of Presbytery to which you are applying to:

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