

**THE UNITED METHODIST CHURCH
APPLICATION FOR CANDIDACY GUIDEBOOK**

NAME _____

PRESENT ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE (_____) _____ EMAIL _____

BIRTHDATE _____ AGE _____ GENDER: M _____ F _____

ETHNIC ORIGIN: African/African American _____ Asian/Asian American _____ Caucasian _____
Hispanic/Latino _____ Native American _____ Pacific Islander _____ Other _____

CONFERENCE _____ DISTRICT _____

LOCAL CHURCH MEMBERSHIP _____

EDUCATION: High School _____ Some College _____ College Graduate _____ Some Graduate _____
Graduate Degree _____ Some Seminary _____ Master of Divinity _____

I would like to receive the Candidacy Guidebook in: English _____ Spanish _____

I would like to receive information from the United Methodist theological schools. Yes _____ No _____

I hereby declare my interest in exploring ordained or licensed ministry in the United Methodist Church.

Order of Deacons _____ Order of Elders _____ Local Pastor _____ Chaplain _____

Signature of Exploring Candidate _____ Date: _____

Signature of District Superintendent _____

Signature of Candidacy Mentor _____

Print Name of Candidacy Mentor _____ Conference: _____

Mentor's Address _____
(Street) (City) (State) (Zip)

Mentor's Telephone _____ Fax _____ Email _____

BEFORE MAILING, PLEASE BE SURE THAT THESE ARE DONE:

1. Signatures of the Candidate, District Superintendent, and Candidacy Mentor are on the application.
2. All grid marks on IRAI score sheet are in dark pencil and Candidacy Mentor's name and address is at the top.
3. Dark grid marks are entered for candidate's name, birth date, today's date and sex.
4. The Candidate and Candidacy Mentor retain a copy of the completed and signed application.
5. Place the original application and answer sheet **FLAT** in a 9x12 envelope. **DO NOT FOLD.**
6. A check for the \$50.00 program fee, payable to Division of Ordained Ministry, is enclosed.
7. The envelope is addressed to the **Division of Ordained Ministry, P.O. Box 340007, Nashville, TN 37203-0007**

This Section for Division of Ordained Ministry Use Only:

Date Received _____ Mentor _____ Fee _____ IRAI _____ CGBK _____