



**Application to Come Under Care
of Presbytery's Ministerial/Candidates Committee**

Name of Applicant: _____ Male Female

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: _____

Name of School/College/Seminary: _____

Year of anticipated graduation: _____ Anticipated Degree: _____

Session endorsement date: _____

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

Applicant's Signature: _____ Date: _____

===== Presbytery Use Only =====

This is to certify that _____
has been taken under care of the Ministerial/Candidates Committee of the Presbytery of:

Stated Clerk Signature _____