

LOTT CAREY
PASTORAL EXCELLENCE PROGRAM
ASSOCIATE PASTOR APPLICATION FORM

(Please type or print this form in blue/black ink and mail it, with a statement of interest; a resume; and three letters of recommendations; and a \$600 application & orientation fee.)

TEAM 9

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone () _____ Fax () _____

E-Mail Address: _____

Check Applicable item: Male _____ Female _____

Date of Birth _____ / _____ / _____

Country of Citizenship _____

Passport Number _____ Country of issue _____

Date and place of Issue _____ Expiration Date _____

Years of Assoc Pastoral Experience _____

Years at current Congregation _____

Year of ordination _____

Name of Church _____

Name of Senior Pastor _____

Church Street Address _____

Church City _____

Church State _____ Church Zip Code _____

Church Phone () _____ Church Fax () _____

E-Mail: _____

\$600.00 application fee enclosed: Check # _____ Date _____

On a separate sheet state in approximately 300 words why you are interested in participating in this program and how you think your participation will benefit your pastoral ministry and your professional life.

Signature of Applicant