NEW APPLICATION FOR ORDINATION

Return this application and requested information to:
CHRISTIAN CHURCH IN KENTUCKY
1125 Red Mile Road
Lexington, KY 40504-2660
Phone (859) 233-1391

TO BE SUBMITTED WITH THIS APPLICATION:

I. A. A statement from the seminary dean or other responsible person indicating that you are expected to complete the requirements for the M.Div. degree or its equivalent prior to the projected date of ordination.

B. A statement from the petitioning congregation indicating that by official vote it has approved the ordination subject to the approval of the region of Kentucky.

II. A five page paper discussing your systematic theology and ecclesiology. Include a statement of your understanding of ordination.

FORMAL APPLICATION:
I hereby apply to the Committee on the Ministry of the Christian Church In Kentucky for ordination.

Signed________________________________________

Name of Petitioning Congregation

Address of Petitioning Congregation

City ___________________ State ___________ Zip ___________
EDUCATION:
Are you a student at the present time? ____________________________

If so, expected date of graduation ____________________________

Degree to be received __________. List the information
called for in the following form relative to your
academic and professional training.
College, University, or Seminary
attended Date attended Degree
attended From To Received Major

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

REFERENCES:
Your references should be a lay person/committee from your most recent field education
site, a clergy mentor or field education supervisor, and a Seminary/Divinity School
faculty member with whom you’ve studied.

Name __________________________________________________________
Address ________________________________________________________
Relationship to Candidate _________________________________________

SERVICE RECORD (If not under care of Kentucky):
Candidacy: Date approved _____ By Whom __________________________

Licensed: Date _____ By Whom __________________________

Give the information called for in the following form relative
to the churches, organizations, or institutions you have
served during the course of your ministry.

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<th>Organization, Church, or Institution</th>
<th>Position Held</th>
<th>City &amp; State</th>
<th>Began Month/Yr</th>
<th>Ended Month/Yr</th>
<th>Relationship to Candidate</th>
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Name of religious body, if served, other than the Disciples of
Christ and dates served ____________________________