



Local Church Support for Certified Candidate

Name: _____ Date: _____

Email Address: _____

Date of Certified Candidacy: _____ District: _____

In what way has the local church supported you spiritually in the last year?:

Are you currently serving a local church as a licensed local pastor and attending a University approved college or seminary toward ordination? Yes No

(If “yes”, complete this section. If “no”, skip to next section)

Local Church Providing Support: _____

Amount of Financial Support: _____

Signature of P(S)PRC Chair

Date

**(If you filled out the above section, you are finished with the report.
Please sign at the bottom and upload into UMCARES)**

Are you a certified candidate and attending a University approved college or seminary toward ordination? Yes No

Local Church Where Membership is Held: _____

Amount of Financial Support: _____

Signature of Pastor

Date

(Please sign, have your district’s Conference Superintendent sign, and upload into UMCARES)

Candidate’s Signature

Date

Conference Superintendent’s Signature

Date