



Date: _____

CONFERENCE CARE MINISTERIAL STUDENT APPLICATION

Note: *The Conservative Congregational Christian Conference offers an affiliation to any student who wishes to prepare himself/herself for the Gospel ministry.*

GENERAL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____

Date of Birth: _____

Have you ever been divorced? Yes No

If yes, please give date of divorce: _____ If remarried date of remarriage _____

If yes, please give detailed description of the circumstances of the divorce:

Please give a detailed statement of the circumstances. Normally a waiting period of 5 years post-divorce is a minimum requirement. Please contact the CCCC office for further information.

Spouse's Name: _____

Children:	Names	Ages	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Conference Care Application— *(cont.)*

EDUCATION:

High School: _____ Location: _____

Degree: _____ Dates attended: _____

College University: _____ Location: _____

Degree: _____ Dates attended: _____

Major: _____

Bible College: _____ Location: _____

Degree: _____ Dates attended: _____

Major: _____

Other Training: _____ Location: _____

Degree: _____ Date of Graduation: _____

Major: _____

School in which you are currently enrolled: _____

School address: _____

City: _____ State: _____ Zip: _____

Full-time Part-time Time of anticipated graduation: _____

List the courses you are currently taking:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Cumulative Grade Point Average: _____ Grade Point Average last term: _____

CHURCH MEMBERSHIP:

Member of a local church? Yes No Is it congregationally governed? Yes No

Name of Church: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Pastor's Name: _____ Pastor's Phone: _____



Conference Care Application— *(cont.)*

CHRISTIAN SERVICE EXPERIENCE: *Professional and Volunteer.*

Please include: dates of service, position/title; church/organization name and location

1. _____

2. _____

3. _____

EMPLOYMENT: *Professional and Volunteer.*

Please include: dates, name and location

1. _____

2. _____

3. _____

Please continue on the following page



Conference Care Application— (cont.)

PERSONAL STATEMENTS:

1. Please give a brief account of your conversion.

2. In Romans 10:15 the question is asked, "And how shall they preach except they be sent?" Please give an account of your assurance that God has called you into ministry.

Please complete the following to finish your application:

- Conference Care is extended *only* to members of the Conference. Therefore, if you are not now an individual lay member or a member of a CCCC Church, do you hereby apply for Individual Lay Membership in the CCCC? YES NO.
- Please attach a recent photo of yourself.
- Please include an official statement from your local church that the elders/deacons and/or the congregation have approved you for the ministry of the gospel.
- Please attach a 300-500 word summary of your understanding of the doctrinal beliefs listed in the CCCC Statement of Faith (available at www.cccusa.com/about-us/) with Scripture references.
- Please enclose a check for \$125.00 or see payment options below.

Dated: _____ Signature: _____

NOTE: This application requires a \$125.00 application fee. Please include a check made out to CCCC with your application and mail to the Home Office at the address below, or you may go to www.cccusa.com / GIVING. Choose "application fee" from the drop down menu and enter the amount of \$125.00 to complete your application. After your application and payment are received you will be contacted to complete a separate background check (included in the fee). Thank-you.