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APPLICATION

Please print or type on the application using blue or black ink. Do not leave any blank lines or questions unanswered. If the question does not apply to you, fill in the blank with N/A and, if necessary, a brief reason why it doesn’t apply. Ages 12-18 (For those that have graduated from High School, please complete the [Hyphen Real McCoy Application](https://www.dropbox.com/s/55ptc1vfhhnughp/HRM_Contest_Application.pdf?dl=0). Thank you.).

**Please have your parents or pastor review this application before submitting it.**

**Personal Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lane\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Avery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nicole\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST MIDDLE

Address: 504 N Whitehead St

City: \_\_\_Tolono\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_IL\_\_\_\_\_\_\_ Zip (Postal Code):61880

UPCI District: \_8\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: 217-840-4786

E-Mail Address: \_\_\_\_kimbl40@hotmail.com\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_ Female \_\_\_\_X\_\_

 Email is Required in order for Youth Ministries to send you information regarding the RM Weekend

Date of Birth: Month: 8 Day:23 Year: 07 Current Age: \_15\_\_\_ Have you graduated from High School? \_\_Yes \_X\_No

Father’s name: \_\_Roy\_\_\_\_\_\_\_ Mother’s name: \_\_\_Melissa\_\_\_\_ Or Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_Melissa Lane\_\_\_\_\_\_\_\_ Address: \_\_\_\_same\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not the same as home address

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip (Postal Code):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_217-778-9601\_ Relationship:\_\_Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be traveling with a chaperone? \_\_x\_\_Yes \_\_\_\_No Chaperone name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Christian Service History**

Name of the church you attend:\_\_ApostolicLife\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor: \_\_Les Cotton\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attended how long? \_\_\_\_\_\_15 years\_\_\_\_\_\_\_\_\_

Pastor’s Address: \_\_\_\_2107 N Highcross Rd\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_Urbana\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_IL\_\_\_ Zip (Postal Code): 61802\_ Phone: 217-714-1786

Have you received the Holy Ghost with the evidence of speaking in other tongues? \_\_\_X\_\_\_Yes \_\_\_\_\_\_No

Have you been baptized in Jesus’ name? \_\_X\_\_\_\_Yes \_\_\_\_\_\_No

Received the Holy Ghost: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place\_\_\_\_\_Apostolic Life Was baptized: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place \_\_\_\_Apostolic Life \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contest Criteria**

In which church related activities have you been involved? (Check all that apply) \_\_\_\_\_\_Leadership, \_\_X\_\_\_\_Youth Ministry, \_\_\_\_\_\_Preaching, \_\_\_\_\_\_Sunday School Teaching, \_\_X\_\_\_\_Choir, \_\_\_\_\_\_Bible Quizzing, \_\_\_\_\_\_Home Bible Studies, \_\_\_\_X\_\_Evangelism, \_\_\_\_\_\_Bus Ministry, \_\_\_\_\_\_Cell Group Leaders, \_\_\_\_\_\_Musical Instrument: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your district involvement (i.e. sectional youth rallies, youth convention, camp). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Youth rallies, Church camp, NAYC, Youth Convention, Outreach, serving in areas needed, babysitting for minister’s families for events, Praise Singer, Media/sound booth, P7 Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How much money did you personally raise for MTM this year? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain how you raised your offering and include details on how you used creativity and hard effort to reach your goal. (Feel free to attach a separate document if you need more room.) \_

Envelope giving board (numbered envelopes with amounts and created a board for people to select amount to give) bake sale, babysitting, approached small businesses with power point presentation and asked for donations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Parent(s)/Guardian Date

Signature of Pastor Date

Signature of Applicant Date

**For District Youth President Only**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pts Money Raised \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pts District Involvement

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pts Church Involvement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pts Effort/Creativity



**\*Important:** In order for the applicant to be considered, this completed application must be returned to your

District Youth President one week after the MTM offering date.