

## **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 <u>Hyphen Real McCoy Application</u>. Thank you.).

PLEASE PLACE RECENT PICTURE HERE!

	rents or pastor review thi	s application be	fore submittin	g it.			
Personal Information	1						
Address:	LAST			MIDDLE			
UPCI District:	Phone	Phone: Home:		Cell:			
E-Mail Address:	lequired in order for Youth Ministries to se	nd you information regardin	Male g the RM Weekend	Female	_		
Date of Birth: Month:	Day: Year: Current A	Age: Have y	ou graduated fr	om High School? _	_YesNo		
Father's name:	Mother's nam	ne:	Or Guardi	an's Name:			
Emergency Contact	Information:						
Name:	Address	S:	If not the same as h	ome address			
City:		State:	Zip (Po	stal Code):			
Phone:	Cell Phone:		Relationship	D:			
Will you be traveling w	vith a chaperone?Yes	SNo Chaper	one name:				
Christian Service His	story						
Name of the church yo	ou attend:						
Pastor:	Attended how long?						
Pastor's Address:							
	State:	Zip (Postal Co	ode):	Phone:			
Have you received the	e Holy Ghost with the evide	ence of speaking in	n other tongues	s?Yes	No		
Have you been baptiz	ed in Jesus' name?	_YesNo					
Received the Holy Gh	ost: Date	Place					
Was hantized: Date	Place						

Contest Criteria			
In which church related activities have you	been involved? (Che	eck all that apply) _	Leadership,
Youth Ministry,Preaching,	Sunday Scho	ool Teaching,	_Choir,Bible
Quizzing,Home Bible Studies,	Evangelism,	Bus Ministry,	Cell Group Leaders,
Musical Instrument:	Other: _		
List your district involvement (i.e. sectional	youth rallies, youth	convention, camp).	
How much money did you personally raise	for MTM this year?	\$	
Explain how you raised your offering and in	nclude details on hou	v vou used creativity	v and hard effort to reach your
goal. (Feel free to attach a separate docum			
gean (i con nee te anaen a coparate accan	none ii you noou mor		
Signature of Parent(s)/Guardian			Date
Ciamatura of Dagtor			Data
Signature of Pastor			Date
Signature of Applicant			Date
Signature of Applicant			Date
For District Youth President Only			
pts Money Raised		pts l	District Involvement
, , ,			
pts Church Involve	ement	pts I	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.



