

2020-2021



Application for Admission

Certified Lay Ministry Academy

Please save to your computer then type and complete both sides of the form and save again before printing and mailing to the West Ohio Conference Office with all required signatures.

Contact Info

Name _____
Address _____
City _____ State _____ Postal Code _____
Phone _____ Home Work Cell Fax _____
E-mail _____

Church & Ministry Info

Name and address of the United Methodist Church to which you belong:

Address _____
City _____ State _____ Postal Code _____

How long have you been a member of this church? _____

District Capitol Area North Capitol Area South Foothills Maumee Watershed
 Miami Valley Northwest Plains Ohio River Valley Shawnee Valley

Briefly state why you are interested in Certified Lay Ministry Training?

In what ministry or ministries are you currently involved, if any?

List any previous ministry experiences

Please specify any dietary or special needs:

Please describe your spiritual journey AND your understanding of God's call on your life.

Brief Biographical Background

We are hoping to gather a group diverse in age, ethnicity, geography, gender, etc. We want to know how best to serve you. Please describe yourself to us!

Education *(include high school, college, graduate school, and all pertinent training)*

Work and Church-related experience

Special Skills and experience

Titles of Completed Lay Servant Ministries Courses

Briefly describe where you are currently in ministry and/or services and where you hope to be after completing your 18 month course of study with Certified Lay Ministry Training:

How did you hear about the Certified Lay Minister? _

(Signatures required on next page.)

Affidavit & Signatures

I certify that the information I have provided in this form is accurate and truthful; I understand that should it prove to be otherwise, my acceptance to, participation in, and certification by the West Ohio Conference's Certified Lay Ministry training may be denied or withdrawn. I also understand that this application is for the full two-year program that will include retreats and one-day classes and some additional homework studies before and between sessions.

_____/_____/_____
Signature of Applicant Date Print Name

Church _____

_____/_____/_____
Signature of Pastor Date Print Name

District Capitol Area North Capitol Area South Foothills Maumee Watershed
 Miami Valley Northwest Plains Ohio River Valley Shawnee Valley

_____/_____/_____
Signature of District Superintendent Date Print Name

Scholarship Assistance

A limited number of scholarships are available from the West Ohio Conference. Applicants should first contact their local churches and districts for sponsorship.

Please mail completed form to:

West Ohio Conference • Attn: Certified Lay Ministry • 32 Wesley Blvd. • Worthington, OH 43085