

# APPLICATION FOR PROMOTION

PENTECOSTAL CHURCH OF GOD  
PO Box 850, Joplin, Missouri 64802  
Phone: (417) 624-7050

*Proclaiming Bible Truth in Pentecostal Power*  
MISSION: Exalt the Lord, Edify the Church, Evangelize the World

FOR GENERAL  
OFFICE USE

Approved

Denied

Acct # \_\_\_\_\_

Date Received \_\_\_\_\_

Date Approved \_\_\_\_\_

Approved by \_\_\_\_\_

DISTRICT NAME: \_\_\_\_\_

## APPLICANT INFORMATION

Full Name \_\_\_\_\_ Acct # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ Date of Conversion \_\_\_\_\_ Place \_\_\_\_\_

Credentials for which you are now applying:  Ordination  License

Credentials you now hold:  License  Exhorter

When did you receive the credential you now hold? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date)

Have you read the entire Bible (all 66 books)? .....  Yes  No

Have you completed the required Minister's Study Series or its equivalence? .....  Yes  No

Have you had a marriage change since your last promotion? .....  Yes  No  
(If yes, please fill out a Change in Marital Status form.)

## CHURCH LEADERSHIP

What local church are you currently attending and where is it located? \_\_\_\_\_

How long have you been attending? \_\_\_\_\_

Are you involved in full-time ministry? (*Full-time is defined as a senior pastor or associate pastor of a local church, a teacher at a Christian college, or one who is receiving 70% compensation through the ministries of the Church*) \_\_\_\_\_

For how long? \_\_\_\_\_

Are you involved in active ministry? (*Active is defined as weekly involvement*) \_\_\_\_\_

For how long? \_\_\_\_\_

What is your present ministerial position? \_\_\_\_\_

What are the responsibilities of this position? \_\_\_\_\_

Are you deriving financial support from this position? \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sectional Presbyter's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY DISTRICT**

Approved by the Board of the \_\_\_\_\_ District at a meeting  
held at \_\_\_\_\_ on \_\_\_\_\_  
(Place) (Date)

Approved for:  Ordination  License

Did applicant complete the required Minister's Study Series or its equivalence? . . . . .  Yes  No

Minister's Study Series Test Score \_\_\_\_\_

*IF APPLYING FOR PROMOTION TO ORDINATION, COMPLETE THE FOLLOWING:*

When is applicant to be formally ordained? \_\_\_\_\_

Where is applicant to be formally ordained? \_\_\_\_\_

Who is to be the presiding officer? \_\_\_\_\_

\_\_\_\_\_  
(Signed: District Secretary or Bishop)