

**Grace Community Church: Application For Licensing or Ordination**

3215 Old Jacksonville Road, Tyler, TX 75701 (903) 593-3800 www.gcc.org

NOTE: Please include the following with your application:

A brief testimony of your conversion experience and calling to ministry

A brief resume' of your experience and education

Your personal doctrinal statement

Please Print Carefully

1. Name:

2. Address:

City, State, Zip:

3. Birth Date:

4. Phone:     Work:

                  Home:

5. Fax:

6. E-Mail:

7. Marital Status:

8. Have you or your spouse ever been divorced?

(If you have answered "yes", please include the date of divorce, date of remarriage, the basis on which the decree was granted and the circumstances surrounding the divorce. The Elder Council reviews each case on its own merits.)

9. If married, what is your spouse's name?

10. How many children do you have and what are their ages?

11 Have you ever been convicted of a felony or misdemeanor? If so, what and when?

12. What is your present ministry? (Please state your actual ministerial activities in detail. Use a separate sheet if necessary)

13. On the average, how many hours per week do you spend in Christian ministry?  
Elaborate:

14. Are you financially supported by the ministry?

Fully

Partially

No

15. If you have an occupation in addition to the ministry, state what it is and how many hours a week it consumes.

16. How long have you been engaged in ministry? (Please include a resume' with your application)

17. If you pastor a church, give the church's name and address, denomination, or independent.

18. Are you working for a parachurch organization, (i.e. Campus Crusade, Pine Cove Christian Camps, Young Life, Youth for Christ, Youth With A Mission, etc.?) If "Yes", please give the name and address of the organization.

19. How long have you been a member of Grace Community Church?

20. Of what other churches have you been a member?

21. Why do you wish to be licensed or ordained?

22. List the extent of your education below. (Name of school, location, years attended, date of graduation, subject major/degree) Use a separate sheet if necessary.

High School:

College or University:

Seminary:

Other:

23. Carefully print the complete information of three individuals who are familiar with your present ministry. Please inform each one that we will be sending a referral form for them to complete and return directly to us as quickly as possible.

Name:  
Address:  
City, State, Zip:  
Phone:  
Fax:  
E-mail:

Name:  
Address:  
City, State, Zip:  
Phone:  
Fax:  
Email:

Name:  
Address:  
City, State, Zip:  
Phone:  
Fax:  
E-mail:

24. Are you applying for licensing or ordination? (See the information sheet for more information.)

Signature: \_\_\_\_\_

Date:

*Return this form with attachments to the address above, or fax to: (903) 593-1866*