



Skills Demonstration Seminar Application

Date _____ Focus Area _____

Candidate's Name _____
Last First MI

Note: Please give us your name EXACTLY as you would like to have it on your Certificate.

Address _____
Street _____
City/State _____ ZIP _____
Daytime Phone (Please include area code) _____
Email address _____

Recommending minister _____

Name of ministry _____

Ministry address: _____
Street _____

Ministry address _____
City/State _____ ZIP _____

Ministry phone _____
(Please include area code)

NOTE: This is the mailing information that will be used to mail your Certificate. Please give accurate information. Street address is preferred to P.O. Box.

Preference of Skills Demonstration Seminar: Please check one & designate the year.

Summer _____ Spring _____ Fall _____ Year _____

Candidate's signature Date

Recommending minister's signature Date

Return to: Licensed Teacher Coordinator
Association of Unity Churches International
P. O. Box 610
Lee's Summit, MO 64063