

Application for The Light of God Emblem

Certification of the Candidate

Candidate's Name _____

Please type or print in black ink

Address _____

City _____ State _____ Zip _____

Candidate's Age Rank _____

Is an active member of the following national youth organization:

- | | |
|---|---|
| <input type="checkbox"/> Boy Scouts | <input type="checkbox"/> 4-H Club |
| <input type="checkbox"/> Girl Scouts/Guides | <input type="checkbox"/> Future Farmers of America |
| <input type="checkbox"/> Camp Fire | <input type="checkbox"/> Future Homemakers of America |
| <input type="checkbox"/> Youth of Unity | <input type="checkbox"/> Other |

The above candidate is an active member of our youth group:

Troop or Group Number _____ Date _____

Youth Leader's Signature _____

Club or Chapter Name _____

I hereby make application for the Light of God Emblem. I certify that I have faithfully fulfilled all the requirements for this emblem. I further certify that I have prepared myself as best I can for the Reviewing Committee.

Candidate's Signature _____ Date _____

Parent or Guardian Signature _____



CERTIFICATION OF THE CHURCH

This candidate is an active participant in our church, has successfully completed the program requirements for the Light of God Emblem and is now ready for the Reviewing Committee.

Minister or Counselor's Signature

Date _____

Name of Church _____

Address _____

City _____

State _____ Zip _____

APPROVAL OF THE REVIEWING COMMITTEE

We have reviewed the candidate's notebook, have interviewed the candidate, and have checked any points in question with the minister. We find everything in order and, therefore, recommend the candidate be awarded the Light of God Emblem.

Committee Chairperson's Signature:

Date _____

Mail to: The Association of Unity Churches International
 Attention: Kathryn Kellogg
 PO Box 610
 Lee's Summit MO 64063

Or Fax: 816.525.4020 Attention: Kathryn Kellogg