



**APPLICATION**

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

School Attending \_\_\_\_\_

Church Membership \_\_\_\_\_ Pastor Collaborating With \_\_\_\_\_

Areas of Participation in Current Church \_\_\_\_\_

List Site and Dates of Proposed Evangelistic Meeting:

\_\_\_\_\_  
\_\_\_\_\_

Why do you desire to be a student Evangelist? How do you see this event impacting you and your local church?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List 3 people who know you and recommend that we fund you as a student evangelist.

	Name	Phone #	E-mail Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Questions? Contact the Georgia-Cumberland Conference Office of Education at 1-800-567-1844.

Please return to: Cynthia Gettys, Vice President for Education  
Georgia-Cumberland Conference Office of Education  
P.O. Box 12000  
Calhoun, GA 30703

*Feel free to write more on the back.*