

THE PRESBYTERIAN COUNCIL FOR CHAPLAINS AND MILITARY PERSONNEL

ASSOCIATE REFORMED PRESBYTERIAN CHURCH
PRESBYTERIAN CHURCH
PRESBYTERIAN CHURCH (USA)
CHURCH IN AMERICA

CUMBERLAND
CUMBERLAND PRESBYTERIAN

**APPLICATION FOR
ECCLESIASTICAL APPROVAL**

Chaplain Candidate Program

_____ Army
_____ Navy
_____ Air Force

Please complete and send signed copy to:

The Presbyterian Council

4125 Nebraska Ave., NW

Washington, DC 20016

Ph (202) 244-4177

Fax (202)237-0983

Email: chaplains@pccmp.org

Webpage: www.pccmp.org

ENCLOSE (or forward to us)

1. Brief printed life sketch (approx. 2 pages)
2. A statement of your motivations and reasons for wanting to serve as a chaplain.
3. College and seminary transcripts to date.
4. Current photograph.
5. Completed enclosures

A. BIOGRAPHICAL INFORMATION

1. Your full name

No.) (First) (Middle) (Last) (Soc. Sec.

2. Mailing Address

Office Phone () _____ Home Phone () _____

Cell Phone () _____ Email _____

3. Permanent Address/phone contact (e.g. parent)

4. Are you a U.S. Citizen Yes _____ No _____

4. Date of Birth _____

5. Marital status: Single _____ Separated _____
 Married _____ Divorced _____

**If ever separated or divorced
attach separate statement.**

NAME DATE OF BIRTH
6. Spouse's Name _____ Children: _____

7. Education
a. College _____ Degree _____ Year _____

b. Seminary _____ Degree _____ Year _____

Planned Date of Graduation _____

8. Ecclesiastical Status
a. Are you an inquirer/candidate for the ministry? Yes _____ No _____

b. Name of Presbytery _____ Denomination _____

Attach
Passport size Photograph

FOR OFFICE USE ONLY

Name _____

Presbytery _____

Denomination _____

Service _____

Action _____

Refs: Yes π No π

Transcripts: Yes π No π

PA: Yes π No π

A. BIOGRAPHICAL INFORMATION (continued)

8. c. Name and address of Presbytery Stated Clerk

d. Local Church membership

e. List Church related experience (give place and dates of services):

D. STATEMENT OF UNDERSTANDING

1. I recognize the authority of The Presbyterian Council for Chaplains and Military Personnel, representing the participating denominations, to grant, deny, or withdraw Ecclesiastical Approval.
2. I understand that I will be interviewed by a representative of the Presbyterian Council.
3. I understand that I must submit an application for Ecclesiastical Endorsement for appointment as a chaplain upon graduation and ordination.
4. I understand that the granting of Ecclesiastical Approval does not guarantee the granting of Ecclesiastical Endorsement or acceptance by the Armed Forces.

Signature _____

Date _____