

Senior Adult Ministerial Couple (Pastor to complete form)

Ministerial Couple Nominated

Names _____

Pastor Information

Pastor's Name _____ Phone _____

Church Name _____ Phone _____

How long have you known this couple? _____

How do you rate this couple? (✓ rate that applies for each category)

Category	Excellent	Good	Fair	Poor
Church Attendance				
Financial Support				
Cooperation with pastor				
Cooperation with church program				
Overall general attitude				

Pastor's Remarks _____

Pastor's Signature

Date

Return your form along with nominated ministerial couple's forms to your state office by February 14. Your state director will submit to the Special Projects Office of USA Missions by March 3.

This is a nomination form only and does not guarantee placement. The winner and runner-up of this award is announced at the Smoky Mountain Jubilee in Gatlinburg, Tennessee. Please check with your nominee(s) about attending.

2017 Nomination Form

Senior Adult Ministerial Couple (Wife to complete form)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Church of God Attending _____ Pastor's Name _____

Spiritual Experience Enter Dates

Converted	
Sanctified	
Received the Holy Ghost	
Joined Church of God	

Offices Held--Services Rendered Yes or No How Long

Clerk		
Sunday School Officer		
Family Training Hour Officer		
Women's Ministry		
Music Involvement		
Others:		

What are you presently involved in? _____

What are your future goals in Christian Service? _____

Nominee's Signature **Date**

Pastor's Signature **Date**

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2017 Nomination Form

Senior Adult Ministerial Couple (Husband to complete form)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Church of God Attending _____ Pastor's Name _____

Spiritual Experience Enter Dates

Converted	
Sanctified	
Received the Holy Ghost	
Joined Church of God	

Offices Held--Services Rendered Yes or No How Long

Clerk		
Sunday School Officer		
Family Training Hour Officer		
Men's Ministry		
Music Involvement		
Others:		

What are you presently involved in? _____

What are your future goals in Christian Service? _____

Nominee's Signature

Date

Pastor's Signature

Date

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2017 Nomination Form

Senior Adult Lay Couple (Pastor to complete form)

Lay Couple Information

Names _____

Pastor Information

Pastor's Name _____ Phone _____

Church Name _____ Phone _____

How long have you known this couple? _____

How do you rate this couple? (✓ rate that applies for each category)

Category	Excellent	Good	Fair	Poor
Church Attendance				
Financial Support				
Cooperation with pastor				
Cooperation with church program				
Overall general attitude				

Pastor's Remarks _____

Pastor's Signature

Date

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2017 Nomination Form

Senior Adult Lay Couple (Wife to complete form)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Church of God Attending _____ Pastor's Name _____

Spiritual Experience

Enter Dates

Converted	
Sanctified	
Received the Holy Ghost	
Joined Church of God	

Offices Held--Services Rendered

Yes or No

How Long

Clerk		
Sunday School Officer		
Family Training Hour Officer		
Women's Ministry		
Music Involvement		
Others:		

What are you presently involved in? _____

What are your future goals in Christian Service? _____

Nominee's Signature

Date

Pastor's Signature

Date

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2017 Nomination Form

Senior Adult Lay Couple (Husband to complete form)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Church of God Attending _____ Pastor's Name _____

Spiritual Experience Enter Dates

Converted	
Sanctified	
Received the Holy Ghost	
Joined Church of God	

Offices Held--Services Rendered Yes or No How Long

Offices Held--Services Rendered	Yes or No	How Long
Clerk		
Sunday School Officer		
Family Training Hour Officer		
Men's Ministry		
Music Involvement		
Others:		

What are you presently involved in? _____

What are your future goals in Christian Service? _____

Nominee's Signature **Date**

Pastor's Signature **Date**

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2017 Nomination Form

Senior Adult Single (Pastor to complete form)

Individual's Information

Names _____

Pastor Information

Pastor's Name _____ Phone _____

Church Name _____ Phone _____

How long have you known this individual? _____

How do you rate this couple? (✓ rate that applies for each category)

Category	Excellent	Good	Fair	Poor
Church Attendance				
Financial Support				
Cooperation with pastor				
Cooperation with church program				
Overall general attitude				

Pastor's Remarks _____

Pastor's Signature

Date

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Your state director will submit form to the Special Projects Office of USA Missions by March 3.*

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2017 Nomination Form

Senior Adult Single (Individual to complete form)

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Church of God Attending _____ Pastor's Name _____

Spiritual Experience Enter Dates

Converted	
Sanctified	
Received the Holy Ghost	
Joined Church of God	

Offices Held--Services Rendered Yes or No How Long

Clerk		
Sunday School Officer		
Family Training Hour Officer		
Men's or Women's Ministry		
Music Involvement		
Others:		

What are you presently involved in? _____

What are your future goals in Christian Service? _____

Nominee's Signature

Date

Pastor's Signature

Date

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