



Young Minister Education Assistance Application

Full Name of Applicant: _____

Address: _____

Phone Number: _____

DOB: ___/___/___ Current Age: ___ Email Address: _____

School: _____ Student ID # _____

Courses completed this semester:

"I, _____, am pursuing ministerial education with the goal to become a credentialed minister with the Assemblies of God Northern California & Nevada District and to serve the Lord in the ministry to which God has called me.

_____ *Applicant's Signature*

Home Church: _____ Pastor: _____

"I recommend the following candidate and recognize them as called to ministry, confirming they are active in church/ministry."

Pastor/Minister Signature

Position

(Must be recommended by a AG credentialed minister serving as Lead Pastor, Staff Pastor, Chi Alpha Director, Teen Challenge Director)

Please return by mail **along with a copy or screenshot of your unofficial transcripts** to:
AGNCN/CTC

Attn: Evelyn Ku

By fax: 916-379-9692

6051 S. Watt Avenue, Sac, CA, 95829

By email: eku@agncn.org