



Ministry Development Services

REGISTRATION FOR INDIVIDUAL CANDIDATE PROGRAM SC UNITED METHODISTS

Name _____
(Last) (First) (MI)

Nickname (if any) _____ Race/Ethnic (optional) _____

Address _____
(Street) (City) (State) (Zip)

Telephone Numbers _____
(Home) (Work) (Cell)

Email Address _____ Date of Birth _____

Age ___ Marital Status _____ Spouse/Fiancé/Partner Name _____

District _____

Total years of schooling, including the first twelve _____

I was referred to the Center by:

___ Myself

___ Other: Name _____ Position _____

Address _____
(Street) (City) (State) (Zip)

Is a written report being requested? ___ Yes ___ No



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Fee Policy: Your share of the program fee is due and payable prior to scheduling your Counselor interview. The program fee is non-refundable and can be applied to a program rescheduled within one year.

If your church or another individual is contributing any portion of the program fee, please have **checks made payable to: Ministry Development Services (or "MDS")**, or you may pay by MasterCard or VISA. **Payment of your portion of the program fee is due before your interview is scheduled.**

Even if a judicatory, a church, or another individual will be paying for part or your entire fee, it is your responsibility to assure that all non-billable fees are paid on or before the day of your program. If checks are mailed, please make sure that they arrive in the office before the day of your program

I am responsible for the program fee of \$400.00 and hereby accept that responsibility.

Signature _____ **Date:** _____