South Carolina Annual Conference Candidacy Retreat

Application Form

Full name	Preferred Name
Gender	Date of Birth
Cell phone Number	Email
Permanent Address	
City, State (for the 6 months following retreat)	
Home church/campus group	District
With whom did you complete the book, Christian as Minister?	
Pastor/ Ministry Setting in which it was completed_	
Have you attended or graduated from seminary?	Which one?
Have you attended a United Methodist Course of Stu	udy? Where?
Special Dietary restrictions/food allergies	
A single hotel room has been reserved for each cand room reserved for you during the retreat?	idate for Friday night. Do you plan to stay in the hotel Yes No

Please return this form with a \$125.00 check made payable to: SC Conference Treasurer

(ON THE MEMO LINE please specify: Conference Candidacy Retreat)

To: Office of Clergy Services

4908 Colonial Drive

Columbia, SC 29203

*This is due by November 1st (December retreat) or June 1st (July retreat)

As soon as you begin to fill this form out, please call/text/email

Rev. Angela Marshall at Trinity UMC

803-773-9393 or candidacyprocess@umcsc.org