



## Ministerial Licensing Application 2010

**To the Applicant:** The CORE Council of the United Church of Religious Science dba United Centers for Spiritual Living requires all candidates seeking placement as a Religious Science Minister to successfully complete the licensing process which includes written and oral examinations. Final approval of licensure is given by the CORE Council upon presentation by the Ecclesiastical Leader on behalf of GEMS. Please complete and submit this application, the application fee, the background investigation fee, and all other requested documents to:

Growth, Expansion and Ministerial Support (GEMS)  
United Centers for Spiritual Living  
573 Park Point Drive  
Golden, Colorado 80401

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### Personal Information

Name \_\_\_\_\_

SSN \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
Street & Number Apt. #

\_\_\_\_\_ City State Zip How Long?

Note: If you have lived at this address less than 5 years, provide your previous addresses, as well.

### Contact information

Home telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Birthplace \_\_\_\_\_ Birth Date \_\_\_\_\_  
City/State Month/Day/Year

Marital Status:      Married     Single     Widowed     Divorced     Other

No. of Dependents \_\_\_\_\_ Name of Spouse/Partner: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_\_ SSN #: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

**Educational Information**

School Attended	Name and Address	Graduated	Course/Major/Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Junior College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or Univ.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Holmes Institute			
Other Schools of Ministry		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SOM Class work	Church/Center & City Where Taken	Year Completed
Science of Mind I		
Science of Mind II		
Foundations		
<u>Spiritual Development Units</u> Treatment/Meditation Roots Self-Mastery		
Practitioner I		
Practitioner II		
Practitioner Training in Another Denomination		

Year Licensed as a UCSL Professional Practitioner: \_\_\_\_\_

Other Professional Credentials:

## Employment Information

List all jobs you have held in the last five years. Begin with your current position.

Company Name/Address	Dates Employed Mo. Yr.	Type of Work Performed Name/Title of Supervisor	Specific Reason for Leaving
	from		
	to		
	from		
	to		
	from		
	to		

If more than 3 jobs please complete the following fields as well.

	from		
	to		
	from		
	to		
	from		
	to		

By completing and submitting this application, I authorize the companies listed above to give UCSL and GEMS any and all information concerning my previous or present employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability for any damage that may result from furnishing same to UCSL and GEMS. Please initial: \_\_\_\_\_

## Additional Information

Please attach a separate narrative biographical sketch of major aspects of your life and career(s). Also, answer or explain answers to the following questions, being sure to number your responses. Please put your name and the date at the top of each page.

- List your church membership history, including dates.
  - Describe your history of involvement in church leadership activities, including dates.
  - Describe your history of church teaching experience, including dates.
  - Describe your history of involvement in UCSL organization leadership activities, including dates.
- Please express your personal and candid reasons for wishing to become a minister with the United Church of Religious Science dba United Centers for Spiritual Living.
- What attributes do you feel you possess that will make you a successful minister?
- How has Science of Mind changed your life? Please be very specific:

