



# Skills Demonstration Seminar Application

Date \_\_\_\_\_ Focus Area \_\_\_\_\_

Candidate's Name

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI

Please give us your name EXACTLY as you would like to have it on your Certificate.

Address

\_\_\_\_\_ Street

\_\_\_\_\_ City/State \_\_\_\_\_ ZIP

\_\_\_\_\_ Daytime Phone (Please include area code)

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

Recommending Minister \_\_\_\_\_

Name of Ministry \_\_\_\_\_

Ministry Address: \_\_\_\_\_

Street

City/State

Ministry Phone \_\_\_\_\_ (please include area code)

This is the mailing information that will be used to mail your Certificate. Please give accurate information. Street address is preferred over PO Box as envelope is quite large.

Preference of Skills Demonstration Seminar: Please check one and designate year.

Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Candidate's Signature Date

\_\_\_\_\_  
Recommending Minister's Signature Date

Return this form to: Licensed Teacher Coordinator  
Unity Worldwide Ministries  
P.O. Box 610, Lee's Summit, MO 64063