



Chaplaincy Endorsement Commission
Christian Churches and Churches of Christ

PHOTO

CHAPLAIN CANDIDATES

_____ FULL NAME _____

_____ ADDRESS: _____

_____ PHONE # _____

_____ E-MAIL _____

_____ \$25.00 APPLICATION FEE (can be pain on our website/Indicate application)_____

_____ SELECTION OF COMPONENT _____

_____ OFFICIAL TRANSCRIPT FROM COLLEGES ATTENDED _____

_____ LETTER FROM SCHOOL STATING YOU ARE ENROLLED AS A FULL-TIME STUDENT IN AN MDIV PROGRAM _____

_____ LETTER FROM THE CHURCH WHERE YOU ARE A MEMBER AND ATTEND REGULARLY STATING THAT YOU ARE A MEMBER IN GOOD STANDING WITH THE CHRISTIAN CHURCHES AND CHURCHES OF CHRIST

Name of Church/ _____

Church Address/ _____

_____ 3 REFERENCES: Dean or President of the College you attended/Professor of College you attender/Elder of the Church where you attend.

_____ Dean/Pres. (name & email)

_____ Prof. (name & email)

_____ Elder(name & email)

_____ Date of Birth _____ SS# _____

_____ Years of Professional Ministry _____ Months of Active Military Service: Officer _____ Enlisted _____

***Mail to Dr. Kal McAlexander
PO Box 861571, Vint Hills, VA 20187**