

# VERIFICATION OF MINISTRY PARTICIPATION

*Dear Ministry Chairperson: A member of your ministry has applied for the Carol E. Dokes Scholarship. Please provide the information requested below and return this form to the applicant before March 21, 2010. Verification of the applicant's ministry participation is vital to the application process. Thank you for your cooperation*

**Please Print**

Applicant's Name: \_\_\_\_\_  
Last First Middle Initial

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

Is the applicant currently active? \_\_\_\_\_

Number of years the applicant has participated in the Ministry: \_\_\_\_\_

Please indicate if the applicant has held any Leadership position(s) in the Ministry:

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chairperson's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be signed by Ministry Chair or his/her representative)