

# Request for Candidacy Packet

To be submitted by the District Superintendent

Candidate Name \_\_\_\_\_

Candidate Address \_\_\_\_\_

E-mail \_\_\_\_\_

Cell # \_\_\_\_\_

District \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Church Membership or Wesley Foundation

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of District Superintendent

**Return form to:**

Office of Clergy Services  
4908 Colonial Dr., Suite 122  
Columbia, SC 29203