



The United Methodist Church  
**SOUTH CAROLINA CONFERENCE**  
the Office of Clergy Services

## REQUEST FOR CANDIDACY ENROLLMENT

*signed and submitted by the District Superintendent to the Office of Clergy Service.*

\_\_\_\_\_  
Candidate's First Name                      Candidate's Middle Name                      Candidate's Last Name                      Candidate's Suffix

\_\_\_\_\_  
Candidate's Mailing Address                      City                      State                      Zip

\_\_\_\_\_  
Candidate's Email Address                      Candidate's Phone Number                      Candidate's Church/Ministry Affiliation (church, Wesley Fellowship)

\_\_\_\_\_  
District                      Date of Birth                      Gender                      Ethnicity                      Marital Status

The candidate will (check the one that applies)

- Participate in the July Retreat (generally the third weekend in July)  
 Participate in the November Retreat (generally the first weekend in November)  
 I will assign candidate an approved individual mentor for the process

Date: \_\_\_\_\_

District Superintendent Signature: \_\_\_\_\_

**Submit form to:** Office of Clergy Services – [clergyservices@umcsc.org](mailto:clergyservices@umcsc.org)  
4908 Colonial Drive Suite 122                      Columbia, SC 29203