

## South Carolina State Council Resolutions Committee "Promoting Excellence Through Unity"

## **Application for Service of Excellence Award**

Name	):	Age: Date of Birth:
Addre	ess:	
Telep	hone Number:	e-mail:
Name and Address of Church:		h: Pastor's Name:
Date Baptized (Acts 2:38):		
Date Received Gift of Holy Ghost (Acts 2:4):		
Give a l		nding service and/or contributions (attach additional sheet if needed)
	a. Family b. Church	
	c. Community	
	d. SC State Counci	I
(Attach additional sheet if needed.) Signature of Applicant:		
J		Date
Signa	ture of Witness or Rep	
Oigila	iture of Withess of Kep	Date
Pasto	or's Signature:	
		Date
District Elder's Signature:		
APPROVED BY:		
Suffra	agan Bishop's Signatur	e:
Chairman of Council Signature:		
*Sacrat	ary/Registrar:	
eco. ciss. y. region are		

Date