



# Enlightened Leaders Program Application



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

## Ministry Information:

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

## Ministry Demographics:

Weekend adult worship service attendance: \_\_\_\_\_

Youth ministry attendance: \_\_\_\_\_ Ministry's annual income: \_\_\_\_\_

## Leadership Team:

Please print all information

### Minister(s) Information: (add lines as needed)

Name \_\_\_\_\_ Phone \_\_\_\_\_

email \_\_\_\_\_

### Administrative Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

(Preferred contact person for updates & program information.)

### Board Members Information: (add lines as needed)

Name \_\_\_\_\_ Phone \_\_\_\_\_

email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

email \_\_\_\_\_

## Technology:

We have access to the technological capability (high-speed internet) to engage the

Enlightened Leaders Program: \_\_\_\_\_ Yes \_\_\_\_\_ No

## Technology Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

All of the individuals identified in this application are in agreement with the transformation commitments and readiness indicators: \_\_\_\_Yes \_\_\_\_ No

We agree to commit to the following for Enlightened Leaders Program:  
\_\_\_\_\_ 3% of our ministry monthly income

OR

\_\_\_\_\_ \$4,800 paid monthly (\$400 per month)

We, the undersigned, verify that all of the information in this application is accurate. We affirm the Transformative Commitments and Readiness Indicators.

Minister Name - printed \_\_\_\_\_

\_\_\_\_\_  
Minister Signature

\_\_\_\_\_  
Date

Board Chair Name - printed \_\_\_\_\_

\_\_\_\_\_  
Board Chair Signature

\_\_\_\_\_  
Date

Please return completed application to:

Marti Hayes, Executive Assistant  
Association of Unity Churches International  
PO Box 610  
Lee's Summit, MO 64063-0610

Email to: [edast@unity.org](mailto:edast@unity.org)

or

Fax 816.525.4020

