



Cotner College Educational Ministries

Education for Leadership Ministry

Student Application

And Permission for Release of Information

Date: _____

Name: _____ Telephone: _____

Address: _____
Street Address City and State Zip Code

E-mail address: _____

(Emergency Contact and Number: _____)

Member of what congregation: _____

Leadership roles in congregation: _____

Post-high school education: _____

Particular area(s) of ministry that interest(s) me: _____

Current Employment: _____

Other jobs, occupations, careers: _____

Statement of Faith:

Please state as concisely as you can your current faith belief.

Please write something about the development of your faith.

Signed: _____

Dated: _____



During the course of ELM studies, you will need a mentor who is ordained in the UCC, Disciple, Presbyterian U.S.A. or American Baptist traditions.
Your pastor cannot play that role.
Whom in your area might you ask to be a mentor?

Suggested names:



RELEASE OF INFORMATION

It is customary, when calling ministers or other church professionals to various positions within the church, to make inquiries about those who are applying for the position or those in which the calling group is interested. In order for Cotner College or any of its agents to respond to those inquiries, we need your permission to do so. Below is specific information about either your permission to allow us to do so or your refusal of permission to do so. Please read carefully and sign the appropriate lines to indicate your decision. **Please note:** Refusal to grant permission to give information in no way effects your acceptance or non-acceptance into the ELM program.

PERMISSION FOR RELEASE OF INFORMATION

The undersigned hereby grants permission to Cotner College, its agents and representatives, to respond to inquiries by agents of the Christian Church (Disciples of Christ), The Central Nebraska Presbytery and the Homestead Presbytery of the Presbyterian Church (USA), the Nebraska Conference of the United Church of Christ, the American Baptist Churches and/or any other denominational entity concerning my application, student progress and suitability for ministry as developed through the ELM program.

If this Permission is signed, your information will be kept in confidence and shared only with authorized persons making inquiries for purposes of call.

The undersigned acknowledges signing this written **Permission for Release of Information**.

Dated: _____
(Month – day – year)

(Signature)

(Address)

(Printed Name)

REFUSAL OF PERMISSION TO RELEASE INFORMATION

The undersigned hereby refuses permission for agents of Cotner College to respond to inquiries for information – except verifying the date of entrance into the ELM program and to state, if given the opportunity, that permission for release of any other information has **NOT** been granted.

The undersigned acknowledges signing this written **Refusal of Permission to Release Information**.

Dated: _____
(Month – day – year)

(Signature)

(Address)

(Printed Name)

Return the completed form(s) to:
adminasst@ccnebr.org

Cotner College: ELM
237 S. 70th St., Ste. 221
Lincoln, NE 68510