



The Real McCoy Contest

APPLICATION

PLEASE PLACE
RECENT
PICTURE HERE!

Please print or type on the application using blue or black ink. Do not leave any blank lines or questions unanswered. If the question does not apply to you, fill in the blank with N/A and, if necessary, a brief reason why it doesn't apply.

Please have your parents or pastor review this application before submitting it.

Personal Information

Name: _____
LAST FIRST MIDDLE

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

E-Mail Address: _____

Date of Birth: MONTH DAY YR _____

Father's name: _____

Mother's name: _____

Guardian: _____

Male _____ Female _____ (check one)

Emergency Contact Information

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Relationship: _____

Christian Service History

Name of the church you attend: _____

Pastor: _____ Attended how long? _____

Pastor's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Have you received the Holy Ghost with the evidence of speaking in other tongues and been baptized in Jesus' name? Yes / No

Received the Holy Ghost: Date _____ Place _____

Was baptized: Date _____ Place _____

Contest Criteria

How much money did you personally raise for SFC this year? _____

List your district involvement (i.e. sectional youth rallies, youth convention, camp). _____

In which church related activities have you been involved? (circle all that apply) Leadership, Youth Ministry, Preaching, Sunday School Teaching, Choir, Bible Quizzing, Home Bible Studies, Evangelism, Bus Ministry, Cell Group Leaders, Musical Instrument

Explain how you raised your offering and include details on how you used creativity and hard effort to reach your goal. (Feel free to attach a separate document if you need more room.) _____

Signature of Parent(s)/Guardian

Date

Signature of Pastor

Date

Signature of Applicant

Date

For District Youth President Only

_____ pts Money Raised

_____ pts District Involvement

_____ pts Church Involvement

_____ pts Effort/Creativity

***Important:** In order for the applicant to be considered, this completed form must be returned to your District Youth President by **September 28th**.