



2009 Holy Land Pastoral Renewal Program Application
Program Sponsored by Erskine Theological Seminary and The CF Foundation

Name _____ Preferred Name _____
 First Middle Last

Home Address _____
 Street City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____ Fax _____

Church Name _____

Church Address _____
 Street City State Zip

Church Phone _____ Church Fax _____ Website _____

Denomination _____ Number of Church Members _____

Church Location: Urban () Suburban () Small Town () Rural () Other _____

Your Church Title (e.g. senior pastor) _____ Years in Current Appointment _____

Have you been to the Holy Land before? _____ If so, when? _____

U.S. Passport Number _____ Passport Expiration Date _____

A pilgrimage to the Holy Land is physically demanding. Do you have any health conditions or dietary restrictions of which trip leaders need to be aware?

We request the following information only for the purpose of selecting an intentionally diverse class of participants:

Gender: Female () Male ()

Date of Birth _____ Age as of this application _____

Ethnic Origin: African American () Asian () Caucasian () Hispanic () Other _____

Marital Status: Married () Single () Divorced () Widowed () Other _____

Date of Ordination _____ Years in Ministry _____

Ministerial Positions:

Position	Church	City/State	Dates
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Position	Church	City/State	Dates
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Position	Church	City/State	Dates
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Position	Church	City/State	Dates
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Graduate Studies:

Institution	Degree	Graduation Year
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Institution	Degree	Graduation Year
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Institution	Degree	Graduation Year
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Undergraduate Studies:

Institution	Degree	Graduation Year
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Institution	Degree	Graduation Year
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Please list three individuals (at least two in your present church and another of your choice) who we can contact regarding your participation in this program.

Name _____

Address _____
Street City State Zip

Phone _____ E-mail _____

Name _____

Address _____
Street City State Zip

Phone _____ E-mail _____

Name _____

Address _____
Street City State Zip

Phone _____ E-mail _____

In a typed essay of not more than 500 words, please introduce yourself to us, sharing why you wish to participate in this program of pilgrimage and spiritual renewal and answering the following questions:

- How will your participation strengthen your spiritual life and your ministry?
- What direction do you see your ministry taking in the future?
- How does your family feel about your about participation in this program?
- How does your church feel about your participation in this program?

Please enclose the Application, attached Covenant, and a check for the application fee of \$250.00 (*to be refunded if you are not selected to participate in the program*). We will accept applications that are postmarked through June 5, 2009.

Signature _____ Date _____



2009 Holy Land Pastoral Renewal Program Covenant

In agreeing to participate in the Holy Land Pastoral Renewal Program of the CF Foundation, I covenant to (please check each item):

- _____ Attend the Orientation Session at Evergreen Conference Resort from July 20–22, 2009 in its entirety.
- _____ Participate fully in the pilgrimage to Israel and its activities from August 19 through September 2, 2009.
- _____ Write and complete a four- to eight-page reflection paper by October 1, 2009.
- _____ Attend the Reflection Session at Bonclarken Conference Center from November 12-14, 2009 in its entirety.
- _____ Complete by the stated deadlines the online evaluation surveys from the CF Foundation following the Orientation Session, the pilgrimage to Israel, and the Reflection Session.
- _____ Respond immediately to any requests for information from Erskine Theological Seminary or the pilgrimage travel agency and notify the same promptly of any changes that impact travel arrangements or my participation in the Program.
- _____ Reimburse Erskine Theological Seminary or the CF Foundation for any non-refundable expenses incurred on my behalf. *Note: You must provide your institutional pilgrimage program director and/or CF Foundation with documented proof of the circumstances preventing you from participation in any pilgrimage activity for emergency or providential reasons (i.e. acts of God).*
- _____ Be responsible for all personal expenses incurred during the program.

Signature _____

Date _____

Print Name _____

Witness Signature _____

Date _____

Print Name _____

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