

Metropolitan New York Synod Evangelical Lutheran Church in America

God's work. Our hands.

Dear Pastor and Council,

Blessings to you in the name of Christ! I write to you because a member of your congregation has expressed interest in applying to Candidacy for rostered ministry in the ELCA. We are grateful to you and your congregation for helping your members discern a vocation to serve and for nurturing leaders in the Church.

The MNYS Candidacy Committee values the home congregations of candidates as important partners in the Candidacy process. We appreciate your willingness to accompany your members in their discernment, to share your honest reflections during the application process, and to support your candidates spiritually, emotionally, and financially during their formation.

The following packet includes two forms: the Congregational Registration Form and the Congregational Support form. The Congregation Registration form asks for your clear and honest reflections on the applicant's sense of call, gifts, growing edges, and potential for rostered leadership. The Candidacy Committee takes this feedback very seriously as it considers an Entrance decision. The Congregational Support form asks your congregation to prayerfully discern how you will commit to financially supporting the applicant, should they receive a positive Entrance decision. Preparation for rostered ministry requires Candidates to invest significant amounts of money, time, and energy into education and formation. The concrete support of their home congregation makes a big difference for Candidates as they navigate this process. Please return the attached forms via email to Candidacy Administrator, Leticia Silva, at lsilva@mnys.org at your earliest convenience. Your member's initial application is not considered complete, and an Entrance interview cannot be scheduled until these forms are returned.

Finally, the Metropolitan New York Synod Candidacy Committee encourages congregations to partner with the applicant in paying the Candidacy application fee. This fee of \$1200 helps offset the high costs of the psychological evaluation and background checks required of all applicants. If possible, we encourage each congregation to prayerfully consider paying one half of the fee (\$600) as a concrete demonstration of support for your member in discernment. If your congregation is able to partner with the applicant in paying this fee, please let Leticia Silva know at lsilva@mnys.org.

Please let me know if you have any questions. You can reach me via email at bseely@mnys.org. Thank you for your important ministry that is raising up faithful new leaders for the ELCA. We are deeply grateful for you and all you do.

Yours in Christ's service,

Beun Seely

The Rev. Becca Seely Candidacy Coordinator

Please read these instructions before your proceed!

Instructions for filling out this form

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FILLING IN THE FORM

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Congregational Registration Form

(Communal Discernment)

Every Christian has a baptismal call to ongoing discernment of God's activity in the world, in the Church, and in one's life. The primary purpose behind emphasizing a phase of discernment prior to candidacy - normally with a rostered minister or mentor and a discernment team selected by the church council - is to assist applicants in reflecting upon aspects of their lives that might confirm a call to rostered leadership. Some aspects worthy of consideration include an understanding of baptismal vocation, spirituality and prayer life, critical life experiences, relationship with the community of faith, significant life influences, and family of origin. You are asked to provide your understanding of the person named below who seeks candidacy for Rostered Ministry in the Evangelical Lutheran Church in America. This will be a part of the information which will assist the Candidacy Committee in its task of evaluating and accompaniment of the applicant as they begin their candidacy journey. Thank you for your time and effort in providing a candid evaluation of this applicant.

Person Seeking Candidacy:				
Congregation (Discernment Commun	nity)			
Name:				
Address:				
Pastor:	Synod	city	state postal	code
Congregational Membership				
Date of applicant's membership in your co	ongregation:	уууу		
Number of years as a member:				
Please share a brief description of this person's and service.	s participation in the life of y	our congregation including any	specific areas of responsib	vility

csm_candidacy_crca_ 1 of 2

for questions call 773-380-2870 • www.elca.org/candidacy

Describe the process of discernment in which this person has been involved.	
What is your assessment of this person's potential for leadership?	
To your knowledge, are there any personal factors related to health and well-being that might be of concern ministry? Please be specific.	n if this person enters public
Describe any areas in which you believe this person might need specific guidance or nurture in order rostered ministry of the Evangelical Lutheran Church in America. Please be specific.	to pursue candidacy in the
We hereby register this member of our congregation to be considered for candidacy in the Evangelical Lutheran Church in America.	the rostered ministry of
Chair of the Discernment Team or Council President:Dat	e:
	ттужа/уууу
Pastor:Dat	e:
	mm/dd/yyyy

Send completed form to Candidacy Committee at Synod Office.

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CONGREGATIONAL SUPPORT FOR CANDIDATES AT A SEMINARY

Person Seeking Candidacy:				
Name:	Synod Affiliation: _			
Address:				
		CITY	STATE	POSTAL CODE
	e above named member as one who is seeking cand ter)	•	ninistry of t	he Evangelical
	for this member through regular communication further intent to provide financial support in the an		-	-
for the years three	rough			
The financial support will be sent to	the financial aid office of:			
on or before the date of:		SEMINARY		
It is our desire that the seminary fina	ancial aid office allocate these funds in the followin	ng way:		
\square For the general financial aid	program of the seminary in providing for any stude	ent need.		
☐ For the above-named studen program of the seminary.	nt to the extent of his/her financial need with the re	emainder available fo	or the gener	al financial aid
\square For only the above-named st	tudent, regardless of financial need.			
Congregation:				
Name:				
Address:				
		CITY	STATE	POSTAL CODE
Council President or Secretary:	To unlock form, right-click on signature and select Clear Signa	Date		/pd/yyyy
D .		Date	•	
Pastor: To unlock form	m, right-click on signature and select Clear Signature.	Butc		/DD/YYYY

Send completed form to Candidacy Committee at Synod Office.
FOR QUESTIONS CALL 773-380-2870 ● WWW.ELCA.ORG/CANDIDACY

Candidacy 2021