

Lamplighter Award Application Form

Complete this form and mail by May 1st to:

Annual Conference Board of Higher Education Campus Ministries
Oklahoma United Methodist Ministry Center
1501 N.W. 24th Street
Oklahoma City, OK 73106

In acknowledgment of our outstanding support of Campus Ministry we qualify to receive the Lamplighter Award.

CHURCH _____ PASTOR _____

ADDRESS _____ CITY _____ ZIP _____

We have paid 100% of the 2009 Conference apportionment item related to Campus Ministry. These must be paid by December 31, 2009.

Amount Apportioned

Amount Paid

Campus Ministry

We received the following special offerings and submitted the amounts below to the Conference Treasurer. These offerings may be received and submitted any time before the May 1, deadline.

World Communion Sunday

United Methodist Student Day

We are in covenant with a Campus Ministry at _____ either as a Campus Ministry Partnership or as a Campus Ministry Designated Church.

Campus Ministry Partnership of Designated Churches invite campus ministers and campus ministry into a special relationship or connection with the local church. Examples include: hosting a Campus Ministry Sunday; inviting a campus minister to preach and/or to serve Holy Communion; local church attendance and participation in campus ministry weekly activities and special events; actively promoting and connecting college students with campus ministers and ministries wherever they attend; and financial support beyond the apportionment.

We have provided to the Conference Director of Campus Ministries office a list of our college/university students, including their names, addresses, phone numbers. We encourage our high school students to visit Wesley Foundations or Methodist-related campus ministries as they visit prospective college campuses. Student's names may be submitted online at www.okumcministries.org/campus_ministry

Please provide the name of someone in your local church who will serve as a Campus Ministry Advocate by promoting campus ministry issues and concerns. The Advocate will be a contact person for the Annual Conference Board of Higher Education and Campus Ministry and for the Campus Minister(s) in your District.

Our Campus Ministry Advocate is:

Name _____

E-mail _____

Mailing Address _____

City _____ State _____ ZipCode _____

Phone (_____) _____