



## Educator Cohort Participant Application

### Christian Education Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Home Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State Zip Code*

\_\_\_\_\_  
*Phone Email Address*

Current Place of Service with Location: \_\_\_\_\_

Ministry (check all that apply):

\_\_\_\_\_ Church Educator      \_\_\_\_\_ Teaching Elder      \_\_\_\_\_ Certified Educator

\_\_\_\_\_ Volunteer Teacher/Leader      \_\_\_\_\_ Other (please specify)

Have you participated in a PSCE or CRE cohort?    Yes    No    If you have participated, which cohort/year?

### Describe your experience and interest in Christian Education:

### List the titles of three resources (including at least one book) that have influenced you:

**List books, articles, and/or topics you would recommend as possible reading for a PSCE cohort:**

Which type of group are would most interest you? (check all that apply)

\_\_\_\_\_ primarily academic      \_\_\_\_\_ primarily support      \_\_\_\_\_ primarily resource-focused  
\_\_\_\_\_ I would prefer a mixture of these

What time of day would you prefer to meet? (check all that apply) – remember this is once a month

\_\_\_\_\_ Mornings                      \_\_\_\_\_ Afternoons                      \_\_\_\_\_ Evenings  
\_\_\_\_\_ any of these work for me      Times that WON'T work for me:

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**Reference**

*Please list a professional reference:*

1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

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**Commitment Statement**

*I certify that my answers are true and complete to the best of my knowledge.*

*Your attendance and participation are important to the cohort model of this program. While there may be emergencies that will impact attendance, it is expected that notification to the group facilitator be provided in advance of an absence. Further, as consistent attendance is expected of all participants, we reserve the right to remove participants from the program and discontinue stipend distributions should attendance become inconsistent.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return the application electronically **by November 30, 2024** to:

Marilyn Johns  
[marilynjohns2@gmail.com](mailto:marilynjohns2@gmail.com)