

**COMMITTEE NAME 2023 - 2024 PROPOSED BUDGET**

We, the **COMMITTEE NAME** recommend the following budget for June 1, 2023 to May 31, 2024 based on the Sub-committees Proposed Incomes and Proposed Expenditures:

**PROPOSED INCOME**

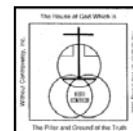
<b>Total Proposed Income</b>		<b>\$ -</b>
<b>Income Source</b>		

**PROPOSED EXPENDITURES**

<b>Total Proposed Expenditures</b>		<b>\$ -</b>
<b>Item/Sub-committee 1</b>		<b>\$ -</b>
<b>Item/Sub-committee 2</b>		<b>\$ -</b>
<b>Item/Sub-committee 3</b>		<b>\$ -</b>
<b>Honorarium</b>		<b>\$ -</b>
<b>Miscellaneous</b>		<b>\$ -</b>

**HUMBLY SUBMITTED,**


**THE HOUSE OF GOD**  
**Which Is the Church of the Living God**  
**The Pillar and Ground of the Truth Without Controversy, Inc.**  
**Keith Dominion**  
**P.O. Box 22675, Nashville, TN 37202-2675**



Bishop Dr. Clary K. Butler, Sr., Chief Overseer

**ASSEMBLY FINANCIAL REPORTING FORM**

Assembly Report for INDIVIDUALS of every rank and file in THE HOUSE OF GOD WHICH IS THE CHURCH OF THE LIVING GOD THE PILLAR AND GROUND OF THE TRUTH WITHOUT CONTROVERSY, INC., KEITH DOMINION

**GENERAL**  **STATE**  from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.

I,  Bishop  State/General Elder  Elder  Reverend  Exhorter  Deacon  Deaconess  Brother  Sister  
 Ordained  Local  Trial  Male  Female

Name \_\_\_\_\_

in the City of \_\_\_\_\_, County of \_\_\_\_\_ State of \_\_\_\_\_ do hereby  
submit the following report into this Assembly held in the City of \_\_\_\_\_ County \_\_\_\_\_ of \_\_\_\_\_  
State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_

**I have contributed the following for the purpose of Gospel:**

	Contributions	Minimums	Off	Rating
1 General Assembly	_____	_____	_____	_____
2 State Assembly	_____	_____	_____	_____
3 Chief Overseer [General Pastoral Days]	_____	_____	_____	_____
4 Chief Overseer's General Assembly Anniversary	_____	_____	_____	_____
5 Chief Overseer's State Assembly Rally	_____	_____	_____	_____
6 State Bishop	_____	_____	_____	_____
7 Sunday School Convention Supervisor's Rally	_____	_____	_____	_____
8 Educational Days	_____	_____	_____	_____
9 Tithes Full Tithe? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	_____	_____
10 Sunday Bible School	_____	_____	_____	_____
11 Sunday School Convention	_____	_____	_____	_____
12 National Missionary Outreach Society	_____	_____	_____	_____
13 Courtesy Welfare Fund	_____	_____	_____	_____
14 National Youth [Scholarship]	_____	_____	_____	_____
15 New Headquarters Complex	_____	_____	_____	_____
16 Christmas Offering [Evangelism]	_____	_____	_____	_____
17 Thanksgiving Offering [Evangelism]	_____	_____	_____	_____
18 State Rally	_____	_____	_____	_____
19 Ministers Council/Deacons Union	_____	_____	_____	_____
20 Elders [Semi-Annual Call]	_____	_____	_____	_____
21 Pastor	_____	_____	_____	_____
22 Church Day	_____	_____	_____	_____
23 Church Expense [Friday Nights]	_____	_____	_____	_____
24 Pastor's Support [Wednesday Nights]	_____	_____	_____	_____
25 Pastor's Rally	_____	_____	_____	_____
26 _	_____	_____	_____	_____
27 _	_____	_____	_____	_____
28 _	_____	_____	_____	_____
29 _	_____	_____	_____	_____
30 _	_____	_____	_____	_____
<b>Totals</b>	_____	_____	_____	_____

I have contributed a total of \$ \_\_\_\_\_ for Gospel Work from the last Assembly to this Assembly.

I am contributing into this Assembly [Report] \$ \_\_\_\_\_

I am contributing for Chief Overseer's Anniversary/Rally \$ \_\_\_\_\_

I desire the prayers of the Chief Overseer and this Assembly that I may always be a true and faithful worker for the Lord.

**Signed by Workers for Jesus:**

Person Reporting: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Pastor: \_\_\_\_\_

Deacon(ess) \_\_\_\_\_

Secretary: \_\_\_\_\_

Deacon(ess) \_\_\_\_\_

**RESERVED FOR ASSEMBLY STANDING COMMITTEE**

This Financial Written Report was examined by \_\_\_\_\_

Date \_\_\_\_\_

Committee Chairperson \_\_\_\_\_ Percentage Rating \_\_\_\_\_

Reason for percentage deduction \_\_\_\_\_

\_\_\_\_\_

**THE HOUSE OF GOD WHICH IS THE CHURCH OF THE LIVING GOD  
THE PILLAR AND GROUND OF THE TRUTH WITHOUT CONTROVERSY, INC.**

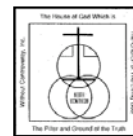
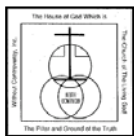
KEITH DOMINION

P. O. Box 22675

Nashville, TN 37202-2675

Phone Numbers: (615) 329-1625 and 329-0846

Fax Number: (615) 329-0354



**FINANCIAL REPORTING FORM**

THE HOUSE OF GOD \_\_\_\_\_ DATE \_\_\_\_\_  
*Band # Band Name Diocese #*

REPORTER \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
*Street or P.O. Box Apt. No. City State & Zip Code*

CHECK IF CHANGE OF ADDRESS \_\_\_\_\_ CHECK IF CHANGE OF REPORTER (*Attach Form*) \_\_\_\_\_

TYPE OF REPORT: PERSONAL BAND DIOCESE  
 PASTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 PRESIDING ELDER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

<b>ACCOUNT NO.</b>	<b>ACCOUNT DESCRIPTION</b>	<b>AMOUNT</b>
4004	Tithe –	\$ _____
4005	Complex –	_____
4006	Educational Day	_____
4007	Deacons Union	_____
4008	Courtesy Welfare	_____
4009	Missionary/Evangelism	_____
4010	Sunday Bible School	_____
4011	Sunday School Convention	_____
4012	State Assembly Ten Percent	_____
4013	Thanksgiving/Christmas	_____
4014	Lodging	_____
4015	Literature ( <i>Books, Newsletter, etc.</i> )	_____
4016	Academic Program	_____
4019	Loan Repayments	_____
4023	Scholarship ( <i>National Youth Project</i> )	_____
4028	Church Paper	_____
4029	Academic Course	_____
4101	Youth/Contest	_____
4201	Faith Wall of Fame	_____
Others	_____	_____
<b>TOTAL</b>	_____	\$ _____

**TITHE/COMPLEX BAND REPORT**

**CHECK ONE:**

**TITLE FULL NAME  
AMOUNT**

**CHECK ONE:**

**TITLE FULL NAME  
AMOUNT**

- 1. \_\_\_\_\_
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- 21. \_\_\_\_\_

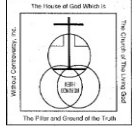
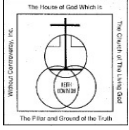
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- 20. \_\_\_\_\_
- 21. \_\_\_\_\_

**Totals \$ \_\_\_\_\_**

**Totals \$ \_\_\_\_\_**

# THE HOUSE OF GOD

Which Is the Church of the Living God  
 The Pillar and Ground of the Truth Without Controversy, Inc.  
 Keith Dominion  
 P.O. Box 22675, Nashville, TN 37202-2675



**Bishop Dr. Clary K. Butler, Sr., Chief Overseer-Senior Bishop**

## PRESENT GOSPEL SPEAKER NEWS ARTICLE FINANCIAL REPORTING FORM

**THE HOUSE OF GOD** \_\_\_\_\_  
*Band #                      Band Name                      Diocese #                      Date*

**REPORTER** \_\_\_\_\_ **TELEPHONE NO.** \_\_\_\_\_

**REPORTER'S EMAIL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
*Street or P.O. Box                      Apt. No.                      City                      State & Zip Code*

**TYPE OF ARTICLE DIOCESE-Check One:**     **PERSONAL**                       **BAND**                       **( ) DIOCESE**

**PASTOR** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**PRESENT GOSPEL SPEAKER NEWS ARTICLE/S**  
 (List each article submitted and enter the grand total of finance in the last shaded box)

No. OF PAGES	No. OF PHOTOS	IDENTIFIABLE TITLE OF ARTICLE	AMOUNT
			\$

<b>Total By Check: \$</b>	<b>By Money Order \$</b>	<b>G T \$</b>
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**Deaconess Lilly W. Haygood, President**

# Bishop Rebecca W. Fletcher Distinguished Leadership Award Nomination Form

## Description

The Bishop Rebecca W. Fletcher Distinguished Leadership award was created to honor and recognize our fifth administrator's promotion, advocacy, and development of leaders at all levels, rank, and file of our church. This award highlights the personal contributions and service of deacons and deaconesses of the House of God Church-Keith Dominion who have served in a leadership position. This award is given to individuals who serve or have served on the National level as an Advisor, President, Coordinator, Director, Committee or Subcommittee Chairperson, or as an assistant to these roles, or on the National Staff in an appointed or volunteer position responsible for directing others. This award honors deacons and deaconesses who we believe epitomize the office of deacon as servants of our Lord Jesus Christ and our church. It is the highest and most prestigious award given to honor such individuals.

## Criteria

- Ordained Deacon
- Served as a Deacon for at least **20** or more years
- Demonstrates Responsibility, Accountability, Respectability, and Availability
- Has shown commitment throughout their service in the House of God-Keith Dominion
- Submit the **COMPLETED** form to the Committee on or before **March 1st**.

**Nominee:** \_\_\_\_\_

**Local Band:** \_\_\_\_\_ **Diocese:** \_\_\_\_\_

**Current Rating:** \_\_\_\_\_ **Year Ordained:** \_\_\_\_\_

**Nominator's Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

## Required Signatures

**Nominator:** \_\_\_\_\_(Print) \_\_\_\_\_(Signature)

**Chairman Deacon:** \_\_\_\_\_(Print) \_\_\_\_\_(Signature)

**Pastor:** \_\_\_\_\_(Print) \_\_\_\_\_(Signature)

**State Bishop:** \_\_\_\_\_(Print) \_\_\_\_\_(Signature)



Please use the space provided to give a brief biographical sketch. Include a list of all positions held on the state, local, and national level. Also, include all contributions made as a Deacon/Deaconess, including any outside organizations.

**To ensure the committee remains as fair as possible, please write the bio sketch in third person, i.e., “The nominee has been a deacon for 20 years.”**

**To be considered for this award, your form must be completely filled out (including all signatures), and electronically submitted to Deaconess Nicole Gilliam ([nikkig1933@gmail.com](mailto:nikkig1933@gmail.com)) on or before March 1.**

*Revised: 9/30/22*

# Deacon Johnnie L. King Legacy Award Nomination Form

## Description

The Deacon Johnnie L. King Legacy Award recognizes the dedication and contributions of deacons and deaconesses who have served the House of God, Keith Dominion for 50 or more years. The recipients of this award have demonstrated long and distinct records of service and support for all ministries of our Church. The calling and election of these deacons and deaconesses is manifested through their enduring and indelible pattern of good works, character and leadership, which others who hold this office should emulate.

## Criteria

- Ordained Deacon
- Served as a Deacon for at least **50** or more years
- Demonstrates Responsibility, Accountability, Respectability, and Availability
- Has shown commitment throughout their service in the House of God-Keith Dominion
- May be awarded to a Deacon/Deaconess **Posthumously**
- Submit the **COMPLETED** form to the Committee on or before **March 1**.
- 

Nominee \_\_\_\_\_

Local Band: \_\_\_\_\_ Diocese: \_\_\_\_\_

Current Rating: \_\_\_\_\_ Year Ordained: \_\_\_\_\_

Nominator's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Required Signatures

Nominator: \_\_\_\_\_ (Print) \_\_\_\_\_ (Signature)

Chairman Deacon: \_\_\_\_\_ (Print) \_\_\_\_\_ (Signature)

Pastor: \_\_\_\_\_ (Print) \_\_\_\_\_ (Signature)

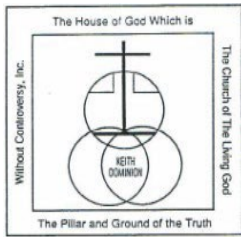
State Bishop: \_\_\_\_\_ (Print) \_\_\_\_\_ (Signature)

Please use the space provided to give a brief biographical sketch. Include a list of all positions held on the state, local, and national level. Also, include all contributions made as a Deacon/Deaconess, including any outside organizations.

**To ensure the committee remains as fair as possible, please write the bio sketch in third person, i.e., “The nominee has been a deacon for 50 years.”**

**To be considered for this award, your form must be completely filled out (including all signatures), and electronically submitted to Deaconess Nicole Gilliam ([nikkig1933@gmail.com](mailto:nikkig1933@gmail.com)) on or before March 1.**

*Revised: 9/30/22*



## Deacon Frank Blue Distinguished Service Award Nomination Form

### Description

The Deacon Frank Blue Distinguished Service Award recognizes the dedication and contributions of deacons and deaconesses who have a distinguished record of service in our church and have freely given of their time and substance to advance and support the ministries of the House of God Church-Keith Dominion. We believe the recipient of this award has exemplified the inherent, selfless, servanthood of the deacon office in our church.

### Criteria

- Ordained Deacon
- Served as a Deacon for at least **15** or more years
- Demonstrates Responsibility, Accountability, Respectability, and Availability
- Has shown commitment throughout their service in the House of God-Keith Dominion
- May be awarded to a Deacon/Deaconess **Posthumously**
- Submit the **COMPLETED** form to the Committee on or before **March 1**.

Nominee \_\_\_\_\_

Local Band: \_\_\_\_\_ Diocese: \_\_\_\_\_

Current Rating: \_\_\_\_\_ Year Ordained: \_\_\_\_\_

Nominator's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Required Signatures

Nominator: \_\_\_\_\_(Print) \_\_\_\_\_(Signature)

Chairman Deacon: \_\_\_\_\_(Print) \_\_\_\_\_(Signature)

Pastor: \_\_\_\_\_(Print) \_\_\_\_\_(Signature)

State Bishop: \_\_\_\_\_(Print) \_\_\_\_\_(Signature)

Please use the space provided to give a brief biographical sketch. Include a list of all positions held on the state, local, and national level. Also, include all contributions made as a Deacon/Deaconess, including any outside organizations.

**To ensure the committee remains as fair as possible, please write the bio sketch in third person, i.e., “The nominee has been a deacon for 15 years.”**

**To be considered for this award, your form must be completely filled out (including all signatures), and electronically submitted to Deaconess Nicole Gilliam ([nikkig1933@gmail.com](mailto:nikkig1933@gmail.com)) on or before March 1.**

*Revised: 9/30/22*

# AWARDS RECOMMENDATION FORM

Name of Proposed Recipient \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Number of Years in the Church \_\_\_\_\_

Diocese \_\_\_\_\_

Indicate the Award for which the Individual is being recommended

Keith Dominion Award

Continued Service Award

Dr. J. W. Jenkins Youth Award

For the Keith Dominion, Continued Service and Dr. J. W. Jenkins Youth Award on a separate piece of paper please attach a descriptive biographical church historical sketch of individual(s) being recommended. Indicate reasons why individual should be considered for the award(s).

Bishop Rebecca W. Fletcher Academic Incentive Award

See attachment to write comments (one or two paragraphs) of the recipient from their Local Pastor and from the Local YFFU Coordinator. Please be sure to submit 3<sup>rd</sup> quarter report card.

Please circle one answer below.

Church Behavior

School Conduct

Service to Church                      Active              Inactive

Service to Community              Active              Inactive

ELDER CLARA B. WILLIAMS MEMORIAL SCHOLARSHIP

Complete the application packet

Signature of Local YFFU Coordinator \_\_\_\_\_

Signature of State YFFU Coordinator \_\_\_\_\_

Signature of Presiding State Bishop \_\_\_\_\_

# AWARDS RECOMMENDATION FORM

Use for the Keith Dominion, Continued Service and Dr. J. W. Jenkins Youth Award. Include a descriptive biographical (church historical) sketch of individual(s) being recommended. Indicate reasons why individual should be considered for the award(s).

Name of Proposed Recipient: \_\_\_\_\_

Diocese: \_\_\_\_\_

Bishop Rebecca W. Fletcher Academic Incentive Award  
Award Recommendation Form

Suggested Recipient \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Local Church \_\_\_\_\_

Comments from (Local Pastor)

Comments from (Local YFFU Coordinator)

\_\_\_\_\_  
Signature of State Bishop

\_\_\_\_\_  
Signature of State Coordinator



# Guidelines For The Bishop Rebecca W. Fletcher Academic Incentive Award

(This form is to be completed by the Local YFFU Coordinator)

**Objective:** To recognize students in grades K-12 for noteworthy accomplishments in school, church, and/or the community.

Circle all that apply

1. Grade

2. Church Behavior                      Good                                      Fair                                      Poor

3. School Conduct\*                      Good                                      Fair                                      Poor

4. Service to Church                                      Active                                      Inactive

5. Service to Community  
(if applicable)                                      Active                                      Inactive

Academic Performance\*

Grade K-1                                      —

Grade 2-12

Signature of Local YFFU Coordinator \_\_\_\_\_

\* A copy of the report cards for the school year and (for high school students) a recommendation from the guidance counselor regarding conduct should be included with the nomination.

## GUIDELINES FOR THE DR. J.W. JENKINS YOUTH AWARD

### OBJECTIVES

- ✓ To identify and honor those individuals up to age 35 for continuous, dedicated, and faithful services to the House of God Church throughout the Dr. J.W. Jenkins Administration.
- ✓ To recognize their works for the up building of God's House within the framework of this church's doctrine and tradition in Christ Jesus and as Pillars of this Church.
- ✓ To show a special tribute for the services rendered to the youth program as a youth or youth worker in the House of God Church – Keith Dominion.
- ✓ To stimulate youth, youth workers, and members to continue to work and serve for the progress of God's will on earth, particularly among the youth.

### 1. Length of continuous service (select one only):

- Below 5 years (3)                       5 to 14 years (5)                       15 or more years (10)

### 2. Qualifications rating as a standing member for the past 3 years (select one only):

- At least 88% (3)                       92% (5)                       96% or greater (10)

### 3. The candidate must have worked at two or more levels (all three may be selected):

- Local (3)                       State (3)                       General (4)

### 4. Office(s) held, (i.e. Usher, Youth Worker, SBS Superintendent or Teacher, Deacon/Minister or State Coordinator, etc.); more than one may be selected:

- Local (3)                       State (3)                       General (4)

### 5. Candidate initiated or sponsored youth activities on the following levels (all three may be selected):

- Local (2)                       State (3)                       General (5)

### 6. Services rendered for the spiritual/moral improvement and growth of youth within the church organization (more than one may be selected):

- Local (2)                       State (3)                       General (5)

### 7. Personal time (other than the normal work week or tasks) devoted to church work on a monthly or quarterly basis (select one only):

- 10% (2)                       25% (3)                       50% (7)                       75% or more (10)

### 8. Personal involvement to maintain stability or growth within the church for the youth (spiritual and moral) development (more than one may be selected):

- Local (2)                       State (3)                       General (5)

### 9. Overall work within the Administration (committee member, secretary, deacons/ministers, usher, YFFU program, etc.), service areas (cooks, maintenance workers, musicians, choir members) and the faith, doctrine and laws of the House of God Church (State Youth Committee Recommendation – select one only):

- Good as Most (3)                       Better than Most (5)                       One of the Best (10)

### 10. Overall work within the youth department of the church (State Youth Committee Recommendation – select one only):

- Good as Most (3)                       Better than Most (5)                       One of the Best (10)

**Note:** 1) These guidelines reflect a guide for an objective selection of the award recipient. A total of 100 points (maximum) for the possible candidate(s) may be obtained. If there is more than one recipient with the same high score, then it is recommended that the examining committee take a second comparative evaluation of the highest scoring candidates. This should generate only one winner. The remaining candidate(s) remain for the next year.

2) In the event of a tie, an interview of the candidates will be held by the first day of the General Assembly. The examining committee will conduct the interview.

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**Keith Dominion**  
Bishop Clary K. Butler, Chief Overseer & Senior YFFU Advisor

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**SIXTH INTERNATIONAL YOUTH CONGRESS (IYC)**  
**DIOCESE CONTRIBUTION FORM\***

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**Deadline Date: Monday, February 20, 2023**

Diocese: \_\_\_\_\_

State Bishop/State Elder: \_\_\_\_\_

Local Church: \_\_\_\_\_

Pastor: \_\_\_\_\_

Local YFFU Coordinator: \_\_\_\_\_

Local Sunday Bible School Superintendent: \_\_\_\_\_

A \$1.00 Contribution from each member is requested whether or not he/she plans to attend the Congress. Local churches can send their \$1/member contribution directly to headquarters but please note “Youth Congress Diocese Contributions” next to “Others” on the HEADQUARTERS financial reporting form.

**Note \*This form should accompany the headquarters financial reporting form.**

Total Youth Congress Contribution

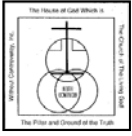
\$ \_\_\_\_\_

# THE HOUSE OF GOD

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Keith Dominion  
P.O. Box 22675, Nashville, TN 37202 -2675

Bishop Dr. Clary K. Butler, Sr., Chief Overseer



## Scholarship Application Form

*BISHOP JAMES C. ELLIOTT, NATIONAL SCHOLARSHIP AWARD*

**Instructions:** Read the application. Type or print all information requested. Please print the following information and attach your transcript to this application.

Write a one (1) page essay on the following topic:

*"How I Plan to Achieve my Vision for The House of God Church, Keith Dominion."*

*(Please have your essay typewritten and double-spaced. Begin your essay one (1) inch from the top of the page. Use a cover sheet for your name and other information. Also, type your name on the back of the typewritten paper in the lower right corner.)*

### PERSONAL CHURCH SERVICE INFORMATION

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

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ Local Church \_\_\_\_\_

Pastor \_\_\_\_\_ Presiding Elder \_\_\_\_\_

Sunday School Superintendent \_\_\_\_\_

State YFFU Coordinator \_\_\_\_\_

Number of years in the Church, \_\_\_\_\_ Have you received the Holy Ghost? \_\_\_\_\_

List the auxiliaries you are a member of in your local church: \_\_\_\_\_

List the positions held in the above auxiliaries: \_\_\_\_\_

List any of your special talents or abilities: \_\_\_\_\_

Have you offered any special services to the church? If yes, list them. \_\_\_\_\_

What do you plan as your professional vocation? \_\_\_\_\_

## ACADEMIC STANDING

Name of Institution \_\_\_\_\_

Major \_\_\_\_\_ Classification \_\_\_\_\_

G.P.A. (*Must be documented by an official transcript or grade report attached to application*) \_\_\_\_\_

What are your academic goals? \_\_\_\_\_

\_\_\_\_\_

## SIGNATURES

We, the undersigned, verify the above-named student is currently enrolled in the specified institution and is a church member actively involved in the local and state Sunday Bible School and YFFU Departments.

Applicant's Signature \_\_\_\_\_

State YFFU Coordinator \_\_\_\_\_

Pastor \_\_\_\_\_

Presiding Elder \_\_\_\_\_

State Bishop or State Elder \_\_\_\_\_

\_\_\_\_\_

## SPACE RESERVED FOR THE NATIONAL SCHOLARSHIP COMMITTEE

Approved                      Amount of Scholarship \$ \_\_\_\_\_

Disapproved                      Reason for Disapproval \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
National Scholarship Committee Chairperson

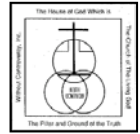
### COMMITTEE MEMBER SIGNATURES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE HOUSE OF GOD**  
**Which Is the Church of the Living God**  
**The Pillar and Ground of the Truth Without Controversy, Inc.,**  
**Keith Dominion**



*P.O. Box 22675, Nashville, TN 37202-2675*

Bishop Dr. Clary K. Butler, Sr., Chief Overseer

**Bishop Rebecca W. Fletcher, Academic Incentive Award**  
**Recommendation Form**

**DATE:** \_\_\_\_\_

**Suggested Recipient** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_ **Telephone#** \_\_\_\_\_

**Age** \_\_\_\_ **Grade** \_\_\_\_ **Local Church** \_\_\_\_\_

**Comments from Local Pastor:**

**Comments from Local YFFU Coordinator:**

\_\_\_\_\_  
*Signature of State Bishop*

\_\_\_\_\_  
*Signature of State Coordinator*

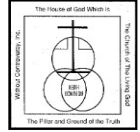
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Keith Dominion

P.O. Box 22675, Nashville, TN 37202-2675



**Bishop Dr. C. K. Butler, Chief Overseer-Senior Bishop**

## COURTESY WELFARE REQUEST REVISED APPLICATION

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt) (City) (State/ Zip Code)

State Bishop: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Local Pastor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Band Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Specify need (e.g. Major Surgery, Fire, Flood, or Disaster). \_\_\_\_\_  
\_\_\_\_\_

If hospitalized, how long in hospital? \_\_\_\_\_

1. If illness, was it: Long Term or Short Term? (*Circle One*) \_\_\_\_\_

2. Are you presently under doctor's care? Yes or No (*Circle One*) \_\_\_\_\_

3. Did your insurance cover all of your expenses? Yes or No (*Circle One*) \_\_\_\_\_

4. If no, please explain need: \_\_\_\_\_

5. Have you ever received assistance from your Local or Diocese Courtesy Welfare? \_\_\_\_\_

If so, give each date of the contributions as well as the incident/s. (Use the reverse side or attach the required documentation). \_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

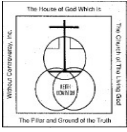
State Bishop's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature must be that of the presiding bishop. If unavailable to sign, info must have supportive documentation.)*

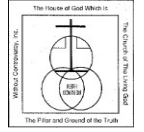
### FOR OFFICIAL USE ONLY

Date Received \_\_\_\_\_ Date Processed: \_\_\_\_\_ Amount: \_\_\_\_\_

**THE HOUSE OF GOD**  
**WHICH IS THE CHURCH OF THE LIVING GOD**  
**THE PILLAR AND GROUND OF THE TRUTH WITHOUT CONTROVERSY, INC.**



KEITH DOMINION  
*P.O. Box 22675, Nashville, TN 37202-2675*



**Bishop Dr. C. K. Butler, Sr. Chief Overseer-Senior Bishop**

## **LICENSE REQUEST**

No licenses will be issued after the General Assembly. Pastors and Presiding Elders should submit their license lists in the diocese according to the dates specified by the Presiding Bishop. The combined lists submitted by the Presiding Elders to the Bishop are to be sent to the Headquarters Office by May 25<sup>th</sup>. Each bishop's compiled list should be completed for all ministers and deacons on this form. Leave no column blank. Current license fees are – **Elder \$3.00, Ordained Minister \$2.75, Local Minister \$2.50 and Ordained Deacon \$2.25.**

RANK	FULL NAME	ORDAINED LOCAL TRIAL	MALE OR FEMALE	PRESIDING ELDER

Name of Diocese: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*Signature of State Bishop*



# THE HOUSE OF GOD

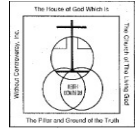
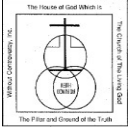
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## STUDENT VERIFICATION FORM

*(For Individual Financial Reports)*

Adult students (18 years and above) in the House of God Church, Inc. Keith Dominion paying one-half contributions for church assessments are to STAPLE THIS COMPLETED FORM ALONG WITH YOUR OFFICIAL LETTER OF ACCEPTANCE OR TRANSCRIPT into an accredited vocational, business, two-year or four-year college or post-graduate school to the back of your personal financial report.

I, \_\_\_\_\_, am currently enrolled as a  
Title First Name M. I. Last Name

Full-Time student at \_\_\_\_\_ for Part All of

the fiscal church year, \_\_\_\_\_, 20\_\_\_\_ thru \_\_\_\_\_, 20\_\_\_\_\_.

I have a Passing Grade Point Average of C or better.

I desire to do all that I am expected to do as a member of the House of God Church, Inc. Keith Dominion.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Secretary's Signature

\_\_\_\_\_  
Date



# THE HOUSE OF GOD

WHICH IS THE CHURCH OF THE LIVING GOD  
THE PILLAR AND GROUND OF THE TRUTH  
WITHOUT CONTROVERSY, INC.  
KEITH DOMINION

Headquarters: 2714 Scovel Street Nashville, TN 37208 P: 615.329.1625 F: 615.329.0354  
Mailing Address: PO Box 22675 Nashville, TN 37202-2675  
Branch Office: PO Box 30787 Charleston, SC 29417-0787

BISHOP CLARY K. BUTLER, SR., CHIEF OVERSEER & SENIOR BISHOP

## SUNDAY BIBLE SCHOOL LITERATURE

### ADDITIONAL ORDER REQUEST

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

I/we are requesting additional SBS books for the following reason:

Is there an increase in membership since the original order, if so by how much?

Name of Local Church: \_\_\_\_\_

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

How many books are requested?

Senior	Junior	Intermediate	Beginners/Cat.

Signature/Presiding State Bishop: \_\_\_\_\_

Signature/Chief Overseer: \_\_\_\_\_

# THE HOUSE OF GOD

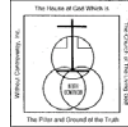
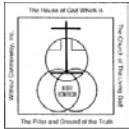
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## GENERAL ASSEMBLY Committee Qualification Revised Form

Date: June 1, \_\_\_\_\_ thru May 31, \_\_\_\_\_

Name of Individual \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Diocese \_\_\_\_\_

List Names of National Committees/Auxiliaries: (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

Number of years a member of this church organization \_\_\_\_\_

Number of years in attendance at the General Assembly \_\_\_\_\_

Percentage rating as of your last State Assembly \_\_\_\_\_ Held \_\_\_\_\_

Verified by signature of local church secretary/treasurer: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### (The Pastor must initial where indicated)

\_\_\_\_\_ The applicant is in good standing with the church spiritually and financially.  
Pastor

\_\_\_\_\_ The applicant is active in the above-named committee on the local/state level, if applicable.  
Pastor

\_\_\_\_\_ The applicant is loyal, obedient, and upholds the rules of the church.  
Pastor

\_\_\_\_\_ The applicant has completed the "Child Safety Training", documented in State/General file.  
Pastor

Signatures: \_\_\_\_\_ State Bishop \_\_\_\_\_ Pastor

Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_ National Committee Official \_\_\_\_\_ Date \_\_\_\_\_

Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_ National Committee Official \_\_\_\_\_ Date \_\_\_\_\_

Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_ National Committee Official \_\_\_\_\_ Date \_\_\_\_\_

# THE HOUSE OF GOD

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WITHOUT CONTROVERSY, INC.  
KEITH DOMINION

## MEMBERSHIP TRANSFER FORM

Address: \_\_\_\_\_  
\_\_\_\_\_

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

### REQUEST

I, \_\_\_\_\_, am a member of the House of God church, Inc.

Keith Dominion in \_\_\_\_\_. My membership card number is \_\_\_\_\_.

My State Bishop is \_\_\_\_\_. My Presiding Elder is

\_\_\_\_\_ and my Pastor is \_\_\_\_\_.

I have been living in \_\_\_\_\_ for \_\_\_\_\_ months/years, and

now I desire to transfer my membership to \_\_\_\_\_.

**My pledges are (*paid up/not paid up*). If the secretary will send me an itemized statement of what I pledged I will pay same at once.**

**This certifies that \_\_\_\_\_ is a bona fide member of our church in \_\_\_\_\_. To the best of our knowledge he/she is a loyal and obedient member. He/She is up in his/her financial obligations with at least a 96% report.**

**Witnessed by our signatures this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.**

\_\_\_\_\_

**Chief Overseer**

\_\_\_\_\_

**State Bishop**

\_\_\_\_\_

**Presiding Elder**

\_\_\_\_\_

**Pastor**

\_\_\_\_\_

**Secretary**

