

INFORMATION ~ AWARDS ~ FORMS



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

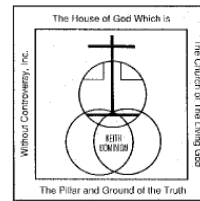
Bishop Clary K. Butler, Sr. Chief Overseer

Deaconess Lilly W. Haygood, President
999 Harvard Street, Rochester, NY 14610 -1713
Email: lillyhaygood@yahoo.com Tel: (585) 461-0359 Cell: (585) 749-5643

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4301 Haywood Farms Road, New Bern, NC 28562-8361
Email: jfonville1@suddenlink.net Tel: (252) 638-8373

GENERAL ASSEMBLY PREPARATION

AUXILIARIES



INTERNATIONAL DEACONS UNION AWARDS

ASSEMBLY REPORTING FORM

FINANCIAL REPORTING FORM

YFFU

BISHOP REBECCA W. FLETCHER ACADEMIC INCENTIVE AWARD

ELDER CLARA B. WILLIAMS MEMORIAL SCHOLARSHIP

BISHOP JAMES C. ELLIOTT NATIONAL SCHOLARSHIP

PRESENT GOSPEL SPEAKER AND NEWS ARTICLE FINANCIAL REPORTING

COURTESY WELFARE REQUEST APPLICATION

LICENSE REQUEST

STUDENT VERIFICATION

COMMITTEE QUALIFICATION FORM

MEMBERSHIP TRANSFER FORM

* (Refer to the 2023 Holiday Communiqué for additional forms that you may need.)

2024 INTERNATIONAL DEACONS UNION AWARDS

The International Deacons Union is now accepting nominations for Deacons who may qualify for the following awards to be presented during the General Assembly Deacon's Program, in June, 2024:

- Bishop Rebecca W. Fletcher Distinguished Leadership Award
- Deacon Johnnie L. King Legacy Award
- Deacon Frank Blue Distinguished Service Award

Please complete and submit all nominations for these awards no later than the **1st of March** for the 2023-24 fiscal year as outlined for each Category listed on the Award Nomination Form. It is imperative that you use the updated Award Nomination Form that has the notation: **Revised: 2023-2024 at the bottom of the form because the criteria may have changed.** Also, all required signatures **must be on each form** in order for the nominee to be eligible for review of and consideration for an award.

A Deacon can be nominated for each of the Award(s) if he/she meets all of the eligibility qualifications outlined. All nominations must be resubmitted for several reasons:

- a) The standing or qualifications of the Nominee may have changed from the previous year;
- b) The Nominator may desire to include more information about that the Nominee that was excluded the previous year which may enhance the Nominee's qualification and more closely meet the award criteria.
- c) The number of Nominations received each year exceeded the three award categories. Therefore, please resubmit your Award Nominations on the new forms for consideration each year.

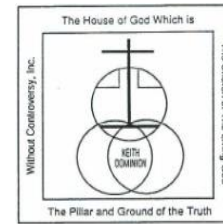
The Biographical Sketch for each Nominee is the only document provided to the Awards Screening/Selection Committee prior to and after review and selection of the Awardees. All identifiable personal information is never disclosed to ensure

confidentiality. The only names revealed are those of the three Awardees. No Nomination Forms are resubmitted by the Committee from previous years.

For additional information, please contact Deacon Artis Shaw, IDU Awards Committee Chairperson, at: artis.shaw@gmail.com or phone – (954) 496-6191.

Please timely submit the completed form for your Nominee prior to the 1st of March, 2024. The International Deacons Union Auxiliary Program is scheduled for Thursday during the General Assembly in June

Deaconess Lilly W. Haygood



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 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)

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) _____

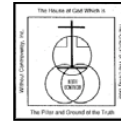
RESERVED FOR ASSEMBLY STANDING COMMITTEE

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 (Check One)

PASTOR _____ TELEPHONE NO. (____) _____

PRESIDING ELDER _____ TELEPHONE NO. (____) _____

ACCOUNT	ACCOUNT DESCRIPTION	AMOUNT
4004	Tithe – Personal () or Band ()	\$ _____
4005	Complex – Personal () or Band ()	_____
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 (Books, Newsletter, etc.)	_____
4019	Loan Repayments	_____
4023	Scholarship (National Youth Project)	_____
4028	Church Paper	_____
4029	Academic Course	_____
4101	Youth/Contest	_____
Others	_____	_____
TOTAL	_____	\$ _____

TITHE/COMPLEX BAND REPORT

CIRCLE ONE: Tithe or Complex
TITLE FULL NAME

	AMOUNT
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
Totals \$ _____	

Insert YFFU file

WHAT
GOES
HERE?

BISHOP JAMES C. ELLIOTT
NATIONAL SCHOLARSHIP AWARD

I. PURPOSE OF SCHOLARSHIP

The purpose of the scholarship program is to recognize and encourage on a National Level the scholastic pursuit and academic achievement of students with a monetary award. Additionally, the intent of the scholarship award is to demonstrate an investment in the church in the educational pursuits of our members who will return and benefit the church with their learned skills and expertise.

II. CRITERIA

1. Those seeking consideration must show proof of attendance (matriculation) at an accredited vocational, business, two-year or four-year college or post-graduate school.
2. Must demonstrate a letter grade of "C plus" or better or a numerical grade of 2.5 or better.
3. Standard of conduct and character must be consistent with National YFFU guidelines.
4. Those seeking consideration must be actively involved in their local church, services and activities, local Sunday Bible School, the YFFU department and the diocese Sunday Bible School Convention
5. Must be recommended and endorsed by the State Bishop or State Elder.

III. THE PROCESS

1. The applicant must submit a Scholarship Application which is endorsed by the Diocese YFFU Coordinator, Pastor, Presiding Elder, State Bishop or State Elder. Previous applicants who have received monetary awards cannot reapply.
2. The State YFFU Committee will review, evaluate those submissions and select their qualified candidate(s) and forward these names along with all required paperwork to the National Scholarship Chairperson. These submissions must be endorsed with the State Bishop's signature.
3. The National Scholarship Committee must receive the scholarship application(s) ON OR BEFORE MAY 30th annually. This is the **DEFINITE CUT-OFF DATE**.

Please send completed applications to:

The House of God Church
Attention: NATIONAL SCHOLARSHIP
COMMITTEE
P. O. Box 22675
Nashville, TN 37202-2675

The application must be documented with the following:

- ◆ Letter of acceptance into an accredited institution for entering college students or
 - ◆ A current copy of an official transcript or official grade report documenting matriculation and Grade Point Average (G.P.A.)
 - ◆ All required signatures affixed
4. The responsibility and accountability for scholarship recommendations will be at the State level, reviewed and verified by the National Scholarship Committee.

IV. SCHOLARSHIP AWARD PRESENTATION

- ◆ To take place on Thursday of the General Assembly during the Graduation Exercise of The House of God Academy and Bible College.
- ◆ Recipients "should" be present.

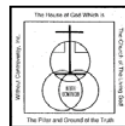
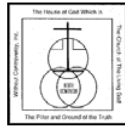
V. MONETARY AWARDS

Awards are disbursed according to GPA:

• 4.0 and above	-	\$900.00
• 3.6 to 4.0	-	\$750.00
• 3.1 to 3.5	-	\$500.00
• 2.5 to 3.0	-	\$250.00

(The Scholarship Application Form is included in this Communiqué)

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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 _____

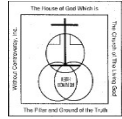
SPACE RESERVED FOR THE NATIONAL SCHOLARSHIP COMMITTEE

Approved Amount of Scholarship \$ _____

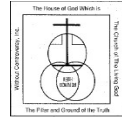
Disapproved Reason for Disapproval _____

 National Scholarship Committee Chairperson

COMMITTEE MEMBER SIGNATURES



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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
			\$
Total By Check: \$		By Money Order \$	G T \$

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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: _____

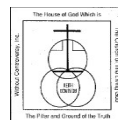
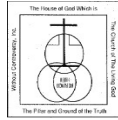
(Signature must be that of the presiding bishop. If unavailable to sign, info must have supportive documentation.)

FOR OFFICIAL USE ONLY

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



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

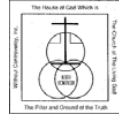
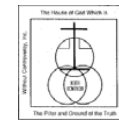
Secretary's Signature

Date

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P.O. Box 22675, Nashville, TN 37202

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



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

(Accountability/Authenticity of percentage must be confirmed by responsible local signees of this document.)