



Methodist Foundation of Mississippi

P. O. Box 2415 Ridgeland, MS 39158

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Pastor/Mentor Certification

For the School Year 2024-2025

Deadline: April 15, 2024

Student, please complete the following:

Full Name: _____ Preferred Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Pastor/Mentor/Wesley Foundation Director, please complete the following:

Name: _____

Church/Wesley FD: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Denomination: _____

District: _____

I affirm that the above-named student is an active participant/approved candidate of

(Methodist/Wesleyan Heritage Church or Organization).

Clergy/Mentor/Director Signature: _____