



NOMINEE'S BIOGRAPHICAL FORM

For positions to be elected at the 2023 LCMS Convention

Electronic Auto-Fill Form available at: www.lcms.org/convention/2023-nominee-bio-form

Nominee ID
Form #

CONGRATULATIONS! YOU HAVE BEEN NOMINATED to be considered for candidacy for the below-indicated office(s), board(s), or commission(s) of the Synod. The Committee for Convention Nominations requests your prompt response to the following.

PLEASE RETURN AS SOON AS POSSIBLE TO: Committee for Convention Nominations (CCN) The Lutheran Church—Missouri Synod 1333 South Kirkwood Road St. Louis, MO 63122-7295 ELECTRONIC PROCESSING INSTRUCTIONS (PREFERRED) To expedite the processing of your nomination, please complete this PDF form (available as indicated above) on a computer, save and e-mail to ccn@lcms.org. The electronic copy need not be signed. Then print and sign an identical copy and send by U.S. mail to the above address.

Date:

TO:

DISTRICT:

I AM A(N): Ordained Minister (Ord.) Commissioned Minister (Com.) Lay Member of LCMS Congregation

RESIDING IN REGION: Central (CEN) East-Southeast (ESE) Great Lakes (GL) Great Plains (GP) West-Southwest (WSW)

NOMINATED FOR THE POSITION(S): Officer: Secretary of the Synod Commission: Theology and Church Relations

- Boards: LCMS Board of Directors, LCMS Church Extension Fund, Board for National Mission, Concordia Historical Institute, LCMS Foundation, Board for International Mission, Concordia Publishing House, Concordia University System

Boards of Regent—Colleges/Universities: Austin (Texas) Irvine Mequon (Wisconsin) / Ann Arbor

River Forest (Chicago) St. Paul Seward (Nebraska) —Seminaries: Fort Wayne St. Louis

Please consider the "Note to nominees" at www.lcms.org/convention/2022-nominee-info and check one of the following:

- I AM WILLING to be considered for ALL of the above marked position(s). Please complete entire form.
I AM WILLING to be considered for ONLY position(s) I've not unchecked (electronically) or struck (on paper).
I AM NOT WILLING to be considered for ANY of the above marked position(s). You need only sign and date the reverse.

YOUR NAME AND RESIDENTIAL INFORMATION

Full Name:
Mailing Address:
City: State: ZIP:
Phone(s):
E-mail:
Years you have been a member of an LCMS congregation:

YOUR CONGREGATION AND CIRCUIT INFORMATION

Congregation Name:
City: State: ZIP:
Pastor's Full Name:
Address:
City: State: ZIP:
E-mail:

YOUR OCCUPATION OR PROFESSION

Position:
Organization:
Other:

Circuit Visitor's Full Name:
Address:
City: State: ZIP:
E-mail:

YOUR EDUCATIONAL/TRAINING BACKGROUND: High School College/University Advanced Academic Degree Seminary

Degrees / recognition:

AREAS OF INTEREST FOR FUTURE SERVICE TO SYNOD:

- Constitutional Matters National Mission Pastoral Education Stewardship
Doctrinal Review International Mission LCMS Foundation Evangelism
Theology and Church Relations Historical Institute Lutheran Church Extension Fund School Ministry
Black Ministry Concordia Publishing House Concordia Plan Services Youth Ministry
Communications University Education LCMS Board of Directors Handbook

NOMINEE NAME \_\_\_\_\_ ID #: \_\_\_\_\_

**YOUR RELEVANT EXPERIENCE (Please include dates, if possible)**

SYNOD

DISTRICT

CONGREGATIONAL

OCCUPATION, COMMUNITY and OTHER

**TO BE CONSIDERED FOR CUS BOD/CUS BOR POSITIONS: Which two (2) or more of the following qualifications do you believe you possess that would qualify you to serve on the CUS Board of Directors or a college or university board of regents?**

**Check as many as you believe you possess:**

- higher education administration
- investments
- technology
- theological acumen
- administration of complex organizations
- human resources
- an advanced academic degree
- finance
- facilities management
- law
- fund development

**How and to what extent have you demonstrated familiarity and support of the colleges and universities of the Concordia University System? With which institution(s) and region(s) are you most familiar?**

**How have you demonstrated familiarity with and support for the doctrinal positions of the Synod?**

**List separately two (2) or three (3) of the above qualifications you have marked, with supporting information for each:**

**OTHER RELEVANT REFERENCES (For evaluation and sources of information—please provide complete contact information)**

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone(s): \_\_\_\_\_

**YOUR SIGNATURE AND DATE (see submission instructions in the box on the front side of the form):** Date Stamp:

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

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