

**Biographical Information Form  
South Carolina Synod, ELCA  
2024 Elections**

Please return this completed form via email to [charlene@scsynod.com](mailto:charlene@scsynod.com) by 10:45 AM June 8, 2024

**Position Nominated For:**

**Term Ending:**

**Full Name:**

**Email Address:**

**Phone:**

**Mailing Address:**

**City, State, Zip Code:**

**Congregation:**

**Congregation City:**

**Employment/Profession:**

**Age Range:**

**Under 30**

**30-45**

**46-60**

**over 60**

**Service in synod, ELCA, interchurch agencies, local congregation, community, etc. Please include dates served.**

**1.**

**2.**

**3.**

**4.**

**In the past we asked for your resume in regard to your service to your church, community, etc. We place greater value on your faith story. Please take time to answer the following:**

- **What is your most joyous memory from being a part of your faith community?**
- **Tell about a time your church was there for you.**