



Personal Information

Name _____ SSN (last 4 digits) _____

Date of birth _____ Email _____

Home address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Have you previously received Educational Debt Assistance from the Board? Yes No

If yes, indicate grant amount received \$ _____

Marital status Single Married

Spouse's name _____

Number of dependent children _____

Grant Requirement

(Participation in one of the two options below is a requirement of the program.)

Have you completed Healthy Pastors, Healthy Congregations? Yes No

Location _____ Date _____

If yes, indicate grant amount received \$ _____

Have you attended CREDO? Yes No

Location _____ Date _____

Education

List all colleges, universities, and graduate schools attended.

School	Dates attended



Personal Financial Information

Assets	Applicant	Spouse
Cash and checking account		
Savings account		
Certificates of deposit		
Stocks, bonds, etc.		
Real estate		
Other (specify):		
Total		

Do you own a home? Yes No Balance due on home mortgage \$ _____

Income	Applicant	Spouse
Salary		
Housing allowance		
Utility allowance		
Tax-deferred compensation		
Other earned income		
Interest/dividends		
Other income (specify):		
Total		

Expenses	Applicant	Spouse
Rent/mortgage		
Utilities		
Car loan (current balance)		
Credit cards (current balances)		
Other debts/financial responsibilities (specify):		
Total		

Please attach most recent Federal Income Tax Form 1040 to verify income. If married and filing separately, please attach the Federal Income Tax Form 1040 of each spouse.



Educational Loans *(Include only Direct student loans as of application date.)*

Educational Loan	Amount Borrowed	Remaining Principal Balance	Interest Rate
Federal Stafford loan			
Federal Perkins loan			
Federal Unsubsidized Stafford			
PC(USA) loan			
Other loans (specify):			
Total			

Please attach documentation such as a recent statement to verify educational loans.

Are any of the above loans eligible for loan forgiveness programs? Yes No

If yes, which loans?

Presbytery of Call

Name

Address

Committee on Ministry moderator

Phone

Fax

Email



Employer

Name PIN

Phone

Address

Clerk of Session or supervisor Email

Phone *(if different than above)* Fax

Is this a full-time position? Yes No Start Date

Are you enrolled in Pastor's Participation based on this service? Yes No

If this is a split service, provide information regarding both employers.

Name PIN

Phone

Address

Clerk of Session or supervisor Email

Phone *(if different than above)* Fax

Is this a full-time position? Yes No Start Date

Are you enrolled in Pastor's Participation based on this service? Yes No

I certify that the information contained in this application is true and correct and I authorize the Board of Pensions to discuss this information with my presbytery of care, my presbytery of call, and my seminary.

Applicant's signature Date



Presbytery Authorization

The presbytery of _____ has reviewed this application and has approved the above applicant and congregation to participate in the Minister Educational Debt Assistance Program.

Name of authorized representative *(please print)* _____

Title/official capacity _____ Phone _____

Signature *(required)* _____ Date _____

Please attach a copy of the presbytery's policy on student/clergy indebtedness.

For Board Use Only

Grant number _____

Amount approved _____

Approved by _____ Date _____

Referred to PeopleJoy _____ Date _____

Application Verified _____

Effective Salary Verified _____

Notes: _____
