



Financial Planning Seminar (*Getting in Shape... Fiscally*) (This is a requirement of the program.)

Have you attended the Board of Pensions Financial Planning Seminar (Getting in Shape... Fiscally)? Yes No

Location _____

Date _____

Educational Loans (include direct student loans only) as of (date) _____.

Educational Loan	Amount Borrowed	Remaining Principal Balance	Interest Rate
Federal Stafford Loan			
Federal Perkins Loan			
Federal Unsubsidized Stafford			
PC (U.S.A.) Loan			
Other loans (specify)			
Total			

Please attach documentation (e.g., a recent statement) to verify educational loans.

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

If yes, which ones? _____

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		
Credit cards (current balances)		
Other debts and financial responsibilities (specify)		
Total		

Presbytery of Call

Name

Address

Committee on Ministry moderator

Moderator's tel ()

Moderator's email

Moderator's fax ()



Congregation Served

Name _____ Tel () _____

PIN _____ Date of call _____

Address _____

Clerk of session _____ Clerk's tel () _____

Clerk's email _____ Clerk's fax () _____

Is this a full-time position? Yes No

Have you enrolled in the full Benefits Plan based on this service? Yes No

If this is a yoked call, provide additional information regarding the other congregation.

Name _____ PIN _____

Address _____

Tel () _____

Clerk of Session _____

Clerk's tel () _____

Clerk's email _____ Clerk's fax () _____

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.

Signature of applicant _____ Date _____



Section 2 To be completed by the presbytery

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

Signature for the presbytery _____

Name *(Please print.)* _____ Date _____

Title _____ Tel () _____

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

For Board Use Only

Grant number _____

Amount approved _____

Approved by _____ Date _____

Notes:

