



Applicant information			
Name		Last 4 digits of SSN	
Address		Date of birth	
City	State	ZIP	
Phone	Email		
Marital status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married			
Have you previously received educational assistance from the Board? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate grant amount received \$ _____			

Demographic information <i>(your response to this section is optional)</i>	
By sharing the information below, you'll help us determine who is accessing the benefits, assistance, and education the Board of Pensions provides to members of the Benefits Plan of the Presbyterian Church (U.S.A.). Visit pensions.org to learn more about how we ensure your privacy.	
Ethnicity (check one) <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx <input type="checkbox"/> Prefer not to answer	
Race (check one) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to answer	
Gender identity (check one) <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Nonbinary <input type="checkbox"/> Self-described _____ <input type="checkbox"/> Prefer not to answer	

Grant requirement	
Participation in one of the options below is a requirement of the program.	
Have you completed Healthy Pastors, Healthy Congregations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate grant amount received \$ _____	
Have you attended a CREDO conference? <input type="checkbox"/> Yes <input type="checkbox"/> No Location _____ Date _____	
Have you completed Board University's Terms of Call Series AND Personal Financial Planning Series online education learning paths? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach your course completion certificates to this application.	

Education
List all colleges, universities, and graduate schools attended.

School	Dates attended

Complete and email this form to the Board of Pensions at memberservices@pensions.org.
Questions? Call the Board at 800-773-7752 (800-PRESPLAN).



Educational loans
Include only Direct student loans as of application date.

Educational loans	Amount borrowed	Remaining principal balance	Interest rate
Federal Stafford Loan	\$	\$	\$
Federal Perkins Loan			
Federal Unsubsidized Stafford Loan			
PC(USA) loan			
Other educational loans (<i>specify</i>)			
Total loans	\$	\$	\$

**PLEASE ATTACH DOCUMENTATION, SUCH AS A RECENT STATEMENT, TO VERIFY EDUCATIONAL LOANS.
PLEASE ATTACH MY STUDENT DATA FILE IF YOU ARE A FEDERAL LOAN BORROWER.**

Personal financial information

Income	Applicant
Effective salary (<i>excluding manse value</i>)	\$

Employer information

Name	PIN (<i>if known</i>)	
Address		
City	State	ZIP
Phone		

Applicant authorization

I confirm that the information provided in this application is true, correct, and complete to the best of my knowledge, 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 _____

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