



## 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 |
|--------|----------------|
|        |                |
|        |                |
|        |                |
|        |                |



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

| <b>Educational Loan</b>       | <b>Amount Borrowed</b> | <b>Remaining Principal Balance</b> | <b>Interest Rate</b> |
|-------------------------------|------------------------|------------------------------------|----------------------|
| Federal Stafford loan         |                        |                                    |                      |
| Federal Perkins loan          |                        |                                    |                      |
| Federal Unsubsidized Stafford |                        |                                    |                      |
| PC(USA) loan                  |                        |                                    |                      |
| Other loans (specify):        |                        |                                    |                      |
| <b>Total</b>                  |                        |                                    |                      |

**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?

**Personal Financial Information**

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

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

| <b>Income</b>                  | <b>Applicant</b> | <b>Spouse</b> |
|--------------------------------|------------------|---------------|
| Effective salary               |                  |               |
| Housing allowance              |                  |               |
| Utility allowance              |                  |               |
| Value of manse                 |                  |               |
| Tax-deferred compensation      |                  |               |
| Interest/dividends             |                  |               |
| Other earned income (specify): |                  |               |
| <b>Total</b>                   |                  |               |



| Expenses   | Applicant | Spouse |
|--|-----------|--------|
| Rent/mortgage  |           |        |
| Utilities  |           |        |
| Car loan (current balance)                           |           |        |
| Credit cards (current balances)                      |           |        |
| Other debts/financial responsibilities<br>(specify): |           |        |
| <b>Total</b>   |           |        |

**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.**

**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

