



Personal information		
Name	Last 4 digits of SSN	
Email	Date of birth	
Home address		
City	State	ZIP
Phone	Fax	
Marital status (<i>check one</i>) <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 \$ _____		

Grant requirement	
Participation in one of the options below is a requirement of the program.	
Temporary requirement substitution — Due to circumstances relating to COVID-19, we are currently accepting specific Board University curriculum to fulfill the grant requirement.	
Have you completed Healthy Pastors, Healthy Congregations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate grant amount received \$ _____	
Have you attended CREDO? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location	Date
Have you completed Board University's Terms of Call AND Personal Financial Planning e-learning series? <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

Due to current circumstances, DO NOT mail this form to the Board of Pensions.
To avoid delays in processing, email your completed form to memberservices@pensions.org. If you need assistance emailing this form, please contact the Board at 800-773-7752 (800-PRESPLAN).



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 (<i>specify</i>)			
Total loans	\$	\$	\$

PLEASE ATTACH DOCUMENTATION SUCH AS A RECENT STATEMENT TO VERIFY EDUCATIONAL LOANS

Personal financial information

Income	Applicant	Spouse
Effective Salary		
Housing allowance		
Utility allowance		
Value of manse		
Tax-deferred compensation		
Interest/dividends		
Other earned income (<i>specify</i>)		
Total income	\$	\$

**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 (<i>if known</i>)	
Address		
City	State	ZIP
Phone	Start date	

Applicant Authorization

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 _____

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