



Sabbath Sabbatical Support Application

Make sure to obtain the necessary approval from both your congregation and your presbytery before submitting this form.

Applicant		
Name		
Address		
City	State	ZIP
Phone	Email	
Amount requested		
Have you previously taken a sabbatical? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give the date(s) and the length of time.		
Proposed dates of upcoming sabbatical		

Congregation		
If you serve more than one congregation, attach a separate sheet for additional information.		
Name		
Address		
City	State	ZIP
Phone	Email	
Authorization		
Has the Session of your congregation approved your sabbatical leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Clerk of Session signature		Date (mm/dd/yyyy)
Name	Phone	

Presbytery		
Name		
Contact person		
Position		
Phone	Email	
Authorization		
Does your presbytery have a sabbatical policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Authorized signature		Date (mm/dd/yyyy)

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



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Sabbath Sabbatical proposal

At least 250 words; fewer than 1,000.

First time submitting a proposal?

Follow the guidelines below.

Already submitted a proposal for this sabbatical to another grant-making organization, e.g., presbytery?

You may attach your previously submitted proposal.

A successful proposal will clearly:

- Identify a theme or intention that runs through your proposed activities
- Describe specifically how those activities will help you realize that theme or intention
- Explain why these activities are important and how they will renew you spiritually in your calling as a minister

Your proposal should include the following:

- Summary statement: Describe the nature and purpose of your proposed sabbatical.
- Sabbatical narrative: Provide a clear rationale for your sabbatical proposal. Keep in mind the definition of sabbatical from the Office of the General Assembly as "this 'extended time' is qualitatively different from 'vacation' or 'days off.' It is an opportunity for the individual to strategically disengage from regular and normal tasks so that ministry and mission may be viewed from a new perspective because of a planned time of focus."
- Timeline, travel, and funding: Detail the activities and timeline for your sabbatical. Include a brief description and a rationale for each of these activities. List in sequence the proposed date(s) for each activity and the names of any family members or associates who will attend or travel with you as a part of your sabbatical. Include estimated total sabbatical cost, budget, and all funding sources. Note: If you have existing funding that exceeds \$25,000, you will not be eligible for a grant.
- Mutual benefit: Describe how this time will benefit you and your congregation.

Applicant authorization

I agree to abide by the terms and guidelines of the Sabbath Sabbatical Support Program, and I authorize the Board of Pensions to discuss and share details of this proposal as it determines.

I also agree to provide a post-sabbatical summary report to my congregation's session, my presbytery, and the Board of Pensions' Assistance Program.

Applicant signature	Date (mm/dd/yyyy)
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THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Authorization for Direct Deposit

Complete the Authorization for Direct Deposit form to authorize the electronic deposit of your benefit payment. This form must be received by the Board of Pensions no later than the 10th of the month to be effective the first of the following month.

Your personal information	
Name (<i>first, middle, last</i>)	Last 4 digits of SSN

Account information
Name of financial institution
Routing number (<i>9 digits</i>)
Your bank account number
Account type: <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account

Authorization	
<p>On behalf of myself, my legal representative, and my executor or administrator, I authorize the electronic deposit of my benefit and/or Assistance Program grant payment to the account listed above. I agree to repay the Board of Pensions any benefit amount erroneously credited to my account, and I authorize the Board of Pensions to offset from my account and/or any death benefit payable to my estate, survivors, designated beneficiaries, or heirs at law any amount erroneously credited to my account under this authorization. This agreement shall survive the termination of the direct deposit authorization.</p> <p>This authorization shall remain in effect until the Board of Pensions receives written notification from me of its termination in such a time and manner as to afford the Board of Pensions and the financial institution named above a reasonable opportunity to act on it.</p>	
Authorized signature (<i>required</i>)	Date (<i>mm/dd/yyyy</i>)
If this form is being completed by a legal representative, include the supporting documents, if not previously submitted.	

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