



To renew the grant, the presbytery must complete and submit this application.

### Presbytery information

Presbytery name	PIN
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### Individual information

Name of grant recipient	EmplID
Ecclesiastical job code <input type="checkbox"/> 301 <input type="checkbox"/> other _____	

### Employer information

Employer name	PIN
Current annual effective salary	Number of scheduled hours per week

### Please provide a brief review of the minister's work by responding to the following questions.

In the past year, what has been the biggest challenge for this ministry?

What do you find most encouraging about the development of this ministry?

Is the presbytery/employer progressing toward the ability to assume responsibility of absorbing the full cost of Pastor's Participation?

Any additional comments:

### Authorization from presbytery

By signing this form, the authorized representative for the presbytery confirms to the best of his or her knowledge, the information provided is accurate.

Authorized person's name ( <i>print</i> )	Date ( <i>mm/dd/yyyy</i> )
Title/official capacity	Daytime phone ( <i>xxx</i> )xxx-xxxx
Signature ( <i>required</i> )	

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