



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

Presbytery information	
Presbytery name	PIN

Individual information	
Name of grant recipient	EmplID
Grant effective date (mm/dd/yyyy)	

Employer information		
Employer name	PIN	
Ecclesiastical job code <input type="checkbox"/> 301 <input type="checkbox"/> other _____	Current annual effective salary	Number of scheduled hours per week

If the employer is not the presbytery, respond to the following questions.	
What is the presbytery's investment?	
Does the presbytery still have oversight of the NWC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are they partially funding? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 (print)	Date (mm/dd/yyyy)
Title/official capacity	Daytime phone (xxx)xxx-xxxx
Signature (required)	

**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)