



Application for Church Worker Transitional Financial Assistance Church Worker (Student Loan) Debt Reduction Grant English District – LCMS

Student Loan (Education Indebtedness) assistance is available to English District Rostered Church Workers. In making this application you are authorizing the English District to obtain credit records. All English District grants will be paid directly to the loaning institution. More information may be requested if needed for the consideration of this application.

APPLICANT AND CONTACT INFORMATION

Date: _____

Name of Applicant: _____

Name of Spouse: _____

List Dependents: _____

Street Address: _____

City/Town: _____

State/Province: _____ ZIP/Postal Code: _____

Home Phone: _____ Cell Phone: _____

Office Phone: _____ Email: _____

Driver's License Number: _____ State issued: _____

APPLICANT'S PRESENT OR PREVIOUS ASSIGNMENT

Name of Congregation/School: _____

Name of Pastor/Principal: _____

Street Address: _____

City/Town: _____ State/Province: _____

ZIP/Postal Code: _____ Office Phone: _____

APPLICANT'S DISTRICT

English District - LCMS

Rev. Dr. Jamison Hardy - Bishop/President

33100 Freedom Road

Farmington, MI 48336

Office: 800.755.9335

Deadline for Application – April 26, 2024

ASSESSING APPLICANT NEED GAP

MONTHLY INCOME VS. MONTHLY EXPENSES

Monthly Income

Applicant's income	\$
Spouse's income	\$
Other sources of assistance and amounts received <i>(Please list in detail other sources on a separate sheet)</i> Total	\$
<i>Total Monthly Income</i>	\$

Monthly Expenses

Rent/Mortgage	\$
Utilities	\$
Food	\$
Total Auto Expense (loan, fuel, maintenance, insurance)	\$
Credit Card Payments <i>(Please list each credit card and amount owed on a separate sheet)</i> Total	\$
Health Insurance	\$
Student Loan	\$
Other monthly expenses <i>(Please list in detail on a separate sheet)</i> Total	\$
<i>Total Monthly Expenses</i>	\$

Totals

Total Income	\$
Minus Total Expenses	\$
Balance	\$
Amount of Grant Requested	\$

Assets

Savings	\$
Other assets <i>(Please list in detail other assets on a separate sheet)</i> Total	\$
<i>Total Assets</i>	\$

DESCRIPTION OF NEED

Include a brief description of your need for transitional financial assistance and the circumstances associated with your request:

* If you are chosen for this grant, your most recent student loan statement will be requested. We will also request your social security number and other information necessary to perform a credit check. *The English District LCMS will be issuing a Form 1099 for all student debt reduction grants. It is the responsibility of the recipient to report as may be required by local, state, and federal tax laws, and to cover costs for any and all taxes which may be imposed on these funds.*

SIGNATURE

I certify that the information I have provided in this application is true and accurate to the best of my knowledge. I give my permission for the English District to obtain credit records.

Signature of Church Worker

Date

SUBMIT APPLICATION

For security of your personal information, you can fax your completed application to 248.476.0188.

Or

If you choose to email the form – we ask that you use a password protected zip or pdf file, sending the file and password in two separate emails to dmathers@englishdistrict.org.

Or

Mail completed application to:

English District-LCMS
Attention: Rev. Derek Mathers
33100 Freedom Road
Farmington, MI 48336-4030

If you have any questions, please contact Rev. Derek Mathers at 800.755.9335.