

# Ministry Excellence Project

## Financial Assistance Application

Pastors seeking financial assistance need to completely fill out this application. Incomplete sections will disqualify your application. All information is treated as strictly confidential by the board. Your name or situation will not be discussed with anyone without your permission. If the board grants your funding request, your church board will be contacted and asked to match that amount. Any award to you is not contingent on your church's ability or willingness to contribute. The board realizes that some requests for help will come more from pastors of financially struggling churches. Details of your application will not be shared with your church board. Responses to the questions in the General Financial Information will be used by the board without your name attached to better understand the financial needs of clergy in our two districts.

### Eligibility

Eligibility for assistance from this fund is limited to full and part time installed pastors of churches in the two districts. This is a stipulation of the Lilly Endowment.

### Assistance with the Application

If you need another copy of the application, it can be downloaded from our website:

[www.ministryexcellenceproject.com](http://www.ministryexcellenceproject.com).

If you need to talk to someone about filling out the application, please contact the District Executive Ministers: Northern Indiana – Torin Eikler - 574-773-3149 or [torin.nidcob@gmail.com](mailto:torin.nidcob@gmail.com); South/Central Indiana – Laura Stone – 260-274-0396 or [scindlaura@gmail.com](mailto:scindlaura@gmail.com).

### Instructions for Completing the Application

1. Completely fill out the information requested in the **General Personal Information** section and the **General Financial Information** section.
2. Write an essay as described below.
3. Photocopy the front page of your most recent federal 1040 tax return. If you filed form 1040A or 1040EZ, please photocopy pages 1-2. If you are married and filed your returns separately, include a copy of your spouses return. **In order to protect your identity, please white out or cover any social security numbers on your form(s) before you make copies of them.**
4. Sign and date the application.
5. **Mail (no electronic submissions) all sections of the application to:**

**Ministry Excellence Project  
PO Box 32  
North Manchester, IN 46962**

# Ministry Excellence Project

## General Personal Information

(PLEASE PRINT ALL INFORMATION)

Name \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Last) (First) (MI) (Birthdate)

### Legal resident address:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

### Phone(s):

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Email(s)

Home: \_\_\_\_\_ Work: \_\_\_\_\_

### Education – list degrees earned and degrees you are currently working towards:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Marital Status:**  Married  Single  Divorced  Separated  Widowed

Spouse Name: \_\_\_\_\_ Spouse Age: \_\_\_\_\_

**Children** – Names & ages of children who live with you

Name Age

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other dependents** that live with you and receive 50% or more of support from you – list name and relationship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total number of family members: \_\_\_\_\_

**Church where you pastor** \_\_\_\_\_

Are you the installed pastor?  Yes  No

Full or  part time, if part time, how many hours per week? \_\_\_\_\_

How long have you been there? \_\_\_\_\_

**Do you work other jobs?**  Yes  No

If so, what is your job title? \_\_\_\_\_

Employer: \_\_\_\_\_ How many hours per week? \_\_\_\_\_

If married, **does your spouse work?**  Yes  No

If yes, what is their job title? \_\_\_\_\_

Employer: \_\_\_\_\_ How many hours per week? \_\_\_\_\_

## Ministry Excellence Project

<b>Has your employment situation and/or your spouse's changed</b> in the last year	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
If yes, please explain: _____ _____	
Do you, your spouse, children, or anyone you support have ongoing medical or dental concerns that require immediate attention? <u>If yes, please include details in the essay.</u>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Do you, your spouse, children or anyone you support have ongoing medical or dental concerns that require medical attention that are not being treated due to financial constraints? <u>If yes, please include details in the essay.</u>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>General Financial Information</b> <small>(PLEASE PRINT ALL INFORMATION)</small>	
Do you have a family budget for this year?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Have you worked with a financial planner within the last five years?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Do you and/or your church make regular contributions to a traditional pension plan such as through the Brethren Benefit Trust?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
In addition to a traditional pension plan, do you currently make regular contributions to retirement accounts such as a 403b, IRA, Roth IRA, or others?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Do you currently have health insurance?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Does your health insurance cover you and all your dependents?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
What is the total monthly cost of health insurance premiums for your family?	\$ _____
What is the health insurance deductible per person?	\$ _____
Do you currently have dental insurance?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
If eligible, do you currently make regular contributions to a long-term savings or investment plan (non-retirement)?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Do you have a life insurance policy (or more than one)?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Does your church have a committee that deals specifically with staff and compensation issues?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Does your church meet with you confidentially each year to review your compensation package?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Does your church have set pay dates for you?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Are you always paid on time?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Do you feel, in general, that your church understands your financial needs at this time?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Do you declare, through board action, a portion of your church wages as a housing allowance?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

## **Ministry Excellence Project**

### **Essay**

On additional sheets of paper, include an essay (maximum of two pages) to tell the Ministry Excellence Board why you should be considered for assistance. Consider including information that enables the board to understand what makes your situation burdensome or extraordinary. Please be specific as possible. Explain why you need help beyond your sources of income.

List all current debt, such as mortgage (including second mortgage or home equity), car, educational, medical, dental, credit cards, lines of credit, etc. Be sure to include the type of debt, amount currently owed, monthly payment, and anticipated payoff date.

We need a complete picture of all the debts you are carrying.

The general areas the grant targets for assistance are:

- Escalating health care costs
- Inadequate funding for retirement
- Low salaries and benefits
- Educational debt related to clergy and/or spouse education

By signing below, I acknowledge that the information shared in this document is accurate and complete to the best of my knowledge. I understand that false, neglected, or misleading information will disqualify my application. I understand that the information I share in this application is confidential. I understand that if I am awarded funds that my church board will be asked to match those funds.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_