



Episcopal Diocese
of Pennsylvania

Application for Christmas Fund Support for 2017

This Application must be accompanied by Supporting Documentation.

Your Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Date of Birth: _____ Email: _____

Are you (or were you) clergy who is (or has been) entitled to a seat and vote in the Diocesan Convention? Y N

If Yes, when? _____

If No, are you a surviving dependent of such clergy? Y N

If Yes, please circle: Spouse Child Other Dependent _____

Are you a seminarian of the Diocese? Y N

Were you a lay employee of the Diocese or its churches who retired from service in the church in good standing, with at least five years active fulltime service immediately prior to retirement, and have been recommended by the Bishop? Y N

Do you have dependents? _____ If yes, please give their name & relationship to you:

Grant Amount Requested for 2017: _____

Please explain how this grant will be used:

Applicant's Signature

Date

If someone other than the applicant prepared this application, please give us your name and contact information: _____