

## THE EPISCOPAL DIOCESE OF PENNSYLVANIA

The Christmas Fund provides grants to clergy canonically resident in the Diocese of PA who are disabled; the surviving spouses and orphans or other dependents of clergy; seminarians and self-supporting clergy and their dependents; and/or retired lay employees of the Diocese or its churches with five years full-time service. Grants are evaluated on a rolling basis.

# Application for Christmas Fund Support

*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: \_\_\_\_\_

Please explain how this grant will be used. If more space is needed, please attach a separate page with your explanation.

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Applicant's Signature

Date

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

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# Supporting Documentation

*To accompany the Application for Christmas Fund Support*

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Applicant:** Please answer the following questions and provide supporting documentation (copies of recent bills, Social Security notice, monthly investment reports, etc.) We need this information to make a fair evaluation of your request for a grant from the Christmas Fund. Please direct your questions to Treasurer Kay Johnson by phone or email at 215-260-1270 or 215-348-7757 or at [kayrichj@verizon.net](mailto:kayrichj@verizon.net).

**MAIL COMPLETED APPLICATIONS TO:**

Kay Johnson  
Christmas Fund Treasurer  
119 Sandywood Drive  
Doylestown, PA 18901

## PART 1

### Household Annual Income from All Sources

Please list each source of income and the annual amount of each.  
Include income from all sources, including Social Security, Pensions,  
Investment Income, Grants (including any from the Diocese), Family Support, Etc.

SOURCE	ANNUAL AMOUNT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

## PART 2

### Household Annual Expenses

*Where possible, please attach a copy of a monthly bill to support expenses as listed below.*

	Monthly Amt.	Annual Amt.
HOUSING		
(Rent/Mortgage)	_____ x12 =	_____
PROPERTY		
(Taxes & Insurance)	_____ x12 =	_____
UTILITIES		
(Electric/Gas/Water)	_____ x12 =	_____
COMMUNICATIONS		
(Phone/Cable/Internet)	_____ x12 =	_____
FOOD		
(Groceries/Meal Plans)	_____ x12 =	_____
MEDICAL INSURANCE		
(Premiums/Deductibles)	_____ x12 =	_____
OTHER MEDICAL COSTS		
(Prescriptions/Co-pays/Other)	_____ x12 =	_____
TRANSPORTATION		
(Auto/Bus/Insurance)	_____ x12 =	_____
OTHER EXPENSES: please list		
_____	_____ x12 =	_____
_____	_____ x12 =	_____

Please list any unusual expenses that you are facing in the coming year: