

Clergy Financial Aid Request Form

APPLICATION DEADLINE - FIRST WEDNESDAY OF EVERY MONTH

To: Loans and Grants Committee, Commission on Clergy Compensation & Employee Benefits

From: _____

Date: _____

I hereby make application for financial aid from the Commission on Clergy Salaries and Pensions under Diocesan Canon 7, Section 5:

\$ _____ Grant

Monthly for the months of _____ (3 month maximum)

\$ _____ Grant

- I. My financial need is substantiated by the *attached* statement of income, expenses and bills now due or past due.

- II. The present situation regarding my present and prospective employment is as follows (*Include any special factors which affect your situation; use separate sheets if necessary or refer to previous records*):

- III. *Current or Last Diocesan Employment:* _____
If terminated, date of termination: _____
Settlement granted (including housing, separation agreement, etc.) _____

- IV. *Desired positions/employment:*
Part-time or temporary _____
Permanent _____
Outside the Church _____

V. Active searches, if any:

VI. *Resources of Job Search Counseling and Guidance [E.g. agencies, vocational coaches or private counseling.]*

VII. To earn money for myself [and my family] until I am fully employed, I am doing the following:

VIII. My own savings, assets and/or private resources can supplement my income to the following extent:

IX. Diocesan Aid from all sources in the past 12 months:

X. *Financial assistance from any other source (E.g., personal loans, family assistance, etc.)*

XI. *Additional Factors that will aid the Committee's review:*

Sign and Date:

ATTACH ADDITIONAL INFORMATION AS NECESSARY.

Please return to:

Canon for Transition Ministry
Episcopal Diocese of Pennsylvania
23 E Airy Street
Norristown PA 19401