

# Christmas Fund Grant Support Application

**(PLEASE PRINT)**

THE EPISCOPAL DIOCESE OF PENNSYLVANIA

The Christmas Fund provides grants to: **1)** clergy who are or have been entitled to seats and votes in the Diocese of PA Convention, and who, due to age or infirmity, are permanently or temporarily disabled and, therefore, unable to perform the duties of their office, **2)** the surviving spouses and orphans or other dependents of clergy entitled to a seat at Convention, **3)** seminarians of the Diocese and self-supporting clergy and their dependents, on the Bishop's recommendation and, **4)** retired lay employees of the Diocese or its churches who retired in good standing and with five years full-time service immediately prior to retirement, on the recommendation of the Bishop.

**This application has 8 sections -- Section I through Section VIII -- comprising 6 pages. Please complete *all* sections.**

Please direct your questions to Christmas Fund Committee Treasurer, Charlene M. Wiltshire, by phone or email at 215-637-2447 or [cwiltshi@comcast.net](mailto:cwiltshi@comcast.net).

**MAIL COMPLETED APPLICATIONS TO** (using a 9" x 12" envelope to avoid folding):

Charlene M. Wiltshire  
Christmas Fund Treasurer  
3716 Westhampton Drive  
Philadelphia, PA 19154

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## **SECTION I**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

## **SECTION II**

1. Are you (or were you) clergy who is (or has been) entitled to a seat and vote in the Diocesan Convention? (Circle) Yes No
  - a. If Yes, when? \_\_\_\_\_  
(Proceed to Section III)
  - b. If No, are you a surviving dependent of such clergy? (Circle) Yes No
    - (1) If Yes, check one: a) Spouse \_\_\_\_ b) Child \_\_\_\_
    - c) Other Dependent \_\_\_\_; Relationship \_\_\_\_\_
2. Are you a seminarian of the Diocese? ( Circle) Yes No If yes, proceed to Section III.
3. Were you a lay employee of the Diocese or its churches, meeting the following criteria:
  - a. retired in good standing from service with the church? (circle) Yes No
  - b. having at least five consecutive years active fulltime service immediately prior to retirement? (circle) Yes No
  - c. having been recommended by the Bishop? (circle) Y N

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Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **SECTION III**

1. Number of dependents \_\_\_\_\_
  - a. Dependents' names & relationship to you. (Attach a separate page to list more than 2.)
    - 1) \_\_\_\_\_
    - 2) \_\_\_\_\_

## **SECTION IV**

1. Grant Amount Requested: \$ \_\_\_\_\_ per month; \$ \_\_\_\_\_ annual/one-time
  - a. Please explain how this grant will be used. If more space is needed, please attach a separate sheet with your explanation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Please provide your personal documents that support the grant amount requested, *and* list the document names here:
    1. \_\_\_\_\_
    2. \_\_\_\_\_
    3. \_\_\_\_\_
    4. \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## SECTION V

### **Annual Income:**

Please list the following information and attach supporting documentation (**copies of recent bills, Social Security notice, monthly investment reports, grants (including Diocesan), family support, etc.**) We need this information to make a fair evaluation of your request for a grant from the Christmas Fund.

SOURCE	ANNUAL AMOUNT
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

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Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **SECTION VI**

### **Annual Routine Household Expenses:**

Please list the following information and attach supporting documentation (**copies of recent bills, receipts**). If needed, attach another sheet to list additional ROUTINE Household expenses. We need this information to make a fair evaluation of your request for a grant from the Christmas Fund.

	<b>Monthly Amt.</b>	<b>Annual Amt.</b>
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 <i>Routine</i> Expenses: please list		
1. (Describe) _____	(Amount) _____	x12 = _____
2. (Describe) _____	(Amount) _____	x12 = _____

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Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **SECTION VII**

### **Unusual Expenses Anticipated for the Year:**

*Check here if not applicable* \_\_\_\_\_

<b>EXPLANATION for EXPENSE</b>	<b>ANNUAL AMOUNT</b>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

## **SECTION VIII**

1)

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**Applicant's Signature**

**Date**

2) **Proxy Information:** To be completed by a person other than the applicant who completed this application:

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**Proxy's Signature**

**Date**

**Printed Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_