



Instructions for filling out the application for chaplaincy training support.

NOTE: These grants are available because of the generosity of those who have contributed to our development fund since its conception in 2002. These grants may be given to any seminary or religious educational process leading to endorsed chaplaincy as a specific calling. **Priority is given** to those who are enrolled in CPE (Clinical Pastoral Education), PCSP (Pastoral Care Specialist Program in Canada) or equivalences that address the specific skills necessary for the work of chaplaincy. If you are not enrolled in such such training programs, you may want to consider approaching your church and/or local classis to determine if they have funds available for general pastoral training, then apply to our chaplaincy training grant process for needs that still exist.

1. Fill out the application for chaplaincy training support to the best of your knowledge as to where you are right now financially. Please state where you are taking your specialized training (such as Clinical Pastoral Education). You may send us your application by email or hard copy.
2. Chaplaincy training support will only be given to those who have applied for endorsement. Please complete the Endorsement Application before applying for training support.
3. Please read and sign the agreement to repay. We will fill in the approved dollar amount. Please read, sign , and email the agreement to chaplaincy@crcna.org or mail a hard copy to:

Chaplaincy & Care Ministry
1700 28th Street SE
Grand Rapids, MI 49508-1407

If you have any questions, you may contact us at

616-224-0844

chaplaincy@crcna.org



APPLICATION FOR CHAPLAINCY TRAINING SUPPORT

Name:

Date:

Type of training anticipated:

Number of CPE units completed:

Date and location of completed CPE units:

Dates & location for new training:

Chaplaincy and Care Ministry considers requests for financial assistance for persons in specialized chaplaincy training. Disbursement of funds is based on demonstration of need and availability of funds. Chaplaincy and Care Ministry will give consideration to the following information when considering a request for financial assistance.

Projected Income	AMOUNT
Yearly income (employment, subsidies, etc.):	<input style="width: 100%;" type="text"/>
Additional income:	<input style="width: 100%;" type="text"/>
Other grants or scholarships:	<input style="width: 100%;" type="text"/>
Total income:	<input style="width: 100%;" type="text"/>

Projected Disbursements (fill in only the monthly <u>or</u> yearly, <u>not both</u>)	PER MONTH	OR PER YEAR	Total Expenses
Housing (mortgage/rental, property tax, home insurance, repairs/maintenance, etc.)			
Child care, FSA, child college funds (529 Plan), etc.			
Medical (Health/life/dental insurance, disability, deductibles, medications, HSA, etc.)			
Income tax, annual fees, dues, etc.			
Transportation (fuel, maintenance, repairs, insurance, tires, payment, etc.)			
Food, clothing (cleaning & laundry), recreation, etc.			
Utilities (Electric, gas, water, trash, phone, internet, cable, mobile phone, etc.)			
Charity & Savings (tithing, emergency funds, etc.)			
Payment on loans, debt, credit cards, etc.			
CPE or chaplaincy training expenses (application, tuition, etc.)			
Other education expenses (tuition, books, fees, etc.)			
Miscellaneous			

Annual income (minus expense):

Financial assistance requested:

NOTE: If financial assistance is provided, the recipient agrees to serve for a minimum of three years as an endorsed chaplain in an approved ministry setting or repay the training support grant.

Please explain your needs for support and your training goals:

Chaplaincy and Care Ministry
Statement of Agreement
Regarding the Receiving of Training Funds

Please sign a hard copy of this form indicating your agreement regarding the funds you have received for chaplaincy. Please send this form to the Chaplaincy and Care Ministry office, where it will be countersigned and a copy will be returned to you.

I, _____, agree to the following stipulations and conditions under which I receive my training support funds in the amount of \$_____.

(The Director of Chaplaincy and Care will fill in the amount of training support funds approved.)

1. I intend to enter into chaplaincy ministry upon completion of my training for a period of at least three years.
2. I agree to repay the funds if I do not enter into a chaplaincy position endorsed by Chaplaincy and Care Ministry.
3. If I do not enter into a chaplaincy position, I agree to repay the amount commencing six months after the completion of my training and complete the repayment schedule negotiated with the Director of Chaplaincy and Care Ministry.

Signed: _____ **Date** _____

Signed: _____ **Date** _____

Director: Rev. Sarah Roelofs

When completed, save to your computer files, then attach to an email and send to chaplaincy@crcna.org