



CHRISTIAN DAY-SCHOOL TUITION ASSISTANCE APPLICATION

1. A grant of up to \$2,000 or 30% of total tuition bill (whichever is less) will be considered for those pastors whose church does not have a Christian day-school tuition assistance program.
2. A grant of up to \$1,000 will be considered for those pastors with a Christian day-school tuition bill greater than 25% of total compensation after considering the tuition assistance received or eligible to receive from their church.

GENERAL PERSONAL INFORMATION

First Name		Last Name			
Street Address					
City		State/ Province		ZIP	
Phone (preferred)		Email (Preferred)			
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed					
Spouse's Name (if applicable):					
Dependent Children			Other Dependents that live with you and receive 50% or more of support from you.		
Name	School Grade for 2018-2019	Name	Relationship		

YOUR MINISTRY INFORMATION

Congregation					
Street Address					
City		State/ Province		ZIP	
Classis		Ministry Position: <input type="radio"/> Minister of the Word <input type="radio"/> Commissioned Pastor			
Which of the following best describes your employment status in your ministry role? <input type="radio"/> Sole pastor <input type="radio"/> Senior pastor with other pastor(s) on staff <input type="radio"/> Co-Pastor <input type="radio"/> A pastor on staff (not the senior pastor) <input type="radio"/> Other, please specify:		Which of the following best describes your employment status in your ministry? <input type="radio"/> Full-time, paid position <input type="radio"/> Full-time, unpaid position <input type="radio"/> Part-time, paid position <input type="radio"/> Part-time, unpaid position <input type="radio"/> Bi-vocational <input type="radio"/> Other, please specify:			
CURRENT COMPENSATION		BENEFITS PROVIDED BY YOUR CHURCH			
Cash Salary (please enter annual salary)		Check all that apply. <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Pension <input type="checkbox"/> Disability <input type="checkbox"/> Rx <input type="checkbox"/> Life Insurance			
Housing Allowance (please enter annual dollar amount not a percentage)					
Do you live in a parsonage?	<input type="radio"/> Yes <input type="radio"/> No	# of years at current church		# of years as ordained pastor	

ACKNOWLEDGMENT AND SIGNATURE

- The application will only be shared with the Financial Shalom Fund's Advisory Team. All information will be kept strictly confidential.
- The Christian Reformed Church in North America (CRCNA) and the Financial Shalom Fund Grant Committee will not disclose any personal information without your written consent.

By signing this application, I acknowledge the following. Each acknowledgement is essential and all required.

At least one church leader is aware of my situation.

Name:

Position:

I have attached a statement of the expected tuition bill for the upcoming school year.

I have attached the completed form from my Church Council President/Clerk stating the church's current situation regarding a Christian day-school tuition fund.

In the event I receive a grant, I am responsible for the payment of all applicable income taxes, if any.

In the event I receive a grant, my spouse (if applicable) and I will participate in an approved personal financial management training program. Financial Shalom will cover up to \$200 of the training costs.

In the event I receive a grant, I will meet with a financial professional. The Financial Shalom Fund will cover up to \$500 of the financial professional meeting expenses.

I acknowledge that any Financial Shalom grant for Christian day school tuition will be sent directly to the school whenever possible and is a one-time payment.

In the event I receive a grant, I agree to participate in program evaluations and provide feedback related to my personal experience with the Financial Shalom Fund.

Signature (electronic is fine)		Date:
Spouse's Signature (electronic is fine)		Date:

NEXT STEPS FOR SUBMITTING YOUR APPLICATION

When the application is completed:

- **Save** the PDF file as your name: JohnDoe.pdf
- **Attach and Send** the completed PDF application, the expected tuition bill statement, and church commitment form to shalom@crcna.org or hsmall@crcna.org. Our email is secured and encrypted.
- ***We prefer to work with electronic forms whenever possible. Thank you!***
- If you do experience technical difficulties, please print and mail all documents to:

Financial Shalom – Project Manager
1700 28th St SE
Grand Rapids, MI 49508-1407 USA

- Receipt of application will be acknowledged with an email. If you don't receive acknowledgment within two business days, please email Holly Small, Financial Shalom Project Manager, at hsmall@crcna.org.