

CRITICAL FINANCIAL NEEDS GRANT APPLICATION

Critical Financial Needs: financial burdens such as health bills, medical emergencies, mortgage payment, debts, or other unforeseen financial challenges

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 (if applicable)		Other Dependents that live with you and receive 50% or more of support from you (if applicable)	
Name	Age	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 best describes 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 best describes your employment status? <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"/> Bivocational, please specify other job(s): <input type="radio"/> Other:	
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 dollar amount not a percentage)			
Do you live in a parsonage?	<input type="radio"/> Yes <input type="radio"/> No	Years (#) at current church	Years (#) as ordained pastor

GRANT REQUEST

Requested Grant Amount:

*(Grant recipients are eligible to receive up to \$4,000 from Financial Shalom.
Additional requests will be considered on a case-by-case basis.)*

Please describe your specific financial challenge or need that you (/you and your family) currently face:

How will a grant benefit you and your ministry?

Has the church's benevolence given support for this financial challenge?

Yes No

If yes, how much and when?

Please share any additional information that will help us consider your request.

ACKNOWLEDGMENT AND SIGNATURE

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

Each acknowledgment is essential and required. By signing this application, you acknowledge the following:

At least one church leader is aware of my situation.

Name:

Position:

I have attached the financial bills or statements that show my specific need. *(Please remove any confidential or personal information before sending the document(s) to us.)*

I am a Minister of the Word or Commissioned Pastor whose credentials are held by the CRCNA; I am active and in good standing; I have not received a Financial Shalom grant within the 2020-2022 calendar years.

I have attached a certificate of completion from my meeting with an LSS Financial Counseling financial counselor and my application has been informed by my counseling session.

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

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

I acknowledge that any Financial Shalom grant will be sent directly to the creditor whenever possible.

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

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

NEXT STEPS FOR SUBMITTING YOUR APPLICATION

When your application is completed: attach and send the completed PDF application, along with supporting financial bills or statements, to shalom@crcna.org. Our email is secured and encrypted. Applications are reviewed four times a year, with submission deadlines of: *January 15, April 15, July 15, October 15*. You can expect to receive a decision by two weeks after the submission deadline.