

President's Mercy Grant Fund Application

Name: _____

Date of Birth: _____

Address: _____

Phone: Home: _____

Work: _____

Cell: _____

E-Mail: _____

Number of dependent children and ages: _____

Current position within the South Dakota District:

_____ Ordained Pastor

_____ Commissioned

Name and address of congregation(s) or school where you are currently serving:

I have read the Guidelines for the South Dakota District President's Mercy Grant Fund and I agree to abide by all conditions noted therein:

_____ Yes _____ No

What amount are you requesting from the President's Mercy Grant Fund?

Have you participated in any type of consumer credit counseling in the past?

_____ Yes _____ No

If yes, when and through whom?

Are you willing to participate in a consumer credit counseling program as a condition of receiving a President's Mercy Grant?

_____ Yes _____ No

If you are not willing to participate in a consumer credit counseling program, explain why not.

Explain the circumstances that have led you to apply for the President's Mercy Grant (You may attach a separate sheet if you need more room):

Applications for the President’s Mercy Grant shall be made only after the applicant has sought assistance from other available resources, including the applicant’s congregation/school in which he/she serves (*President’s Mercy Grant Fund Guidelines* under 3.b “Conditions”). What sources of support and aid have you received and in what amount?

<u>Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The President’s Mercy Grant Fund Guidelines state, “Application forms must have the signed approval of a representative of either the church council, board of elders, or voters’ assembly of the worker’s congregation.” (*President’s Mercy Grant Fund Guidelines* under 5.c “Administration”)

Congregational Representative Name: _____

Home Address: _____

Phone: Home: _____

Cell: _____

E-Mail: _____

(Signature of Congregational Representative) _____
(Date)

(Applicant’s Signature) _____
(Date)

Financial Worksheet

Current Annual Gross Income (Applicant's income AND spouse's income, if any):

List all debts and financial obligations with a balance of \$1,000 or more (e.g. mortgage loans, automobile loans, student loans, personal loans, credit card payments, major medical expenses, South Dakota District loans, etc.)

Debt/Obligation

Balance Owed
