

Application for Ministerial Excellence Fund Grant

Name (Last, First, MI):	Email Address:
Date of Birth:	Title: []Rev. []Dr. []Mr. []Mrs. []Miss []Ms.
Home Address:	Home phone: Cell Phone:
Spouse's Name: Spouse's Vocation: Date of Birth:	Have you discussed your application with church leaders? ___ Yes ___ No May we contact church leaders to discuss your application? ___ Yes ___ No
Dependents' Names and Dates of Birth:	May we contact your Area Resource Minister to discuss your application? ___ Yes ___ No May we share your story (anonymously) to encourage others to participate in the MEF Ministry? ___ Yes ___ No
Name & Address of Church: Phone number:	Role: ___ Full-time ___ Part-time # Years at Church: Ave. attendance: Annual budget: Ave. weekly offerings:
GRANT AMOUNT REQUESTED:	
To be completed by the Ministerial Excellence Team	
Date received:	Approved? ___ Yes ___ No
Authorized Signature:	Date:

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Please describe your specific financial needs to be addressed through a grant from the Ministerial Excellence Fund:

How will a Ministerial Excellence Fund grant benefit your ministry?

Benefits provided:

By your church: medical dental vision disability life insurance retirement

Details:

By spouse's employer: medical dental vision disability life insurance retirement

Details:

Do you own your home rent live in a parsonage

The Ministerial Excellence Fund prefers that the applicant's local church be engaged in securing funds for the MEF grant process. How will your church participate in the grant you receive?

Please complete the *Family Budget Details* attachment. Attach additional information/pages as needed.

Please return completed application and attachments to:

Marc Kirchoff
267 Terre Vista Drive
Terre Haute, IN 47803

mlkirchoff@yahoo.com