Grant Application for Clergy Pension Benefit

Church Name:		Church Account #	
Mailing Address		Physical Location	
Pastor:		Clergy Status# of Ye	ears Appointed here
PPRC Chair:	Ad	min Council Chair	
Treasurer:		Balance due	as of
District	Application p	repared by	
 Attach a copy of yo Submit the application Award Notification 1. State in detail what	Attach additional pages (if ur most recent church audit ion including all required intiwill be made in 30 days of a circumstances prevent Additional pages may be attach	which includes all funds he formation to your District S application based on the available your church from	ld by your church. uperintendent.
2. What has your churd be paid? (Additional pa		e circumstances so that	the Clergy Pension Benefit will
	a 50% grant, state in de ll payments must be by		y the balance of the other half
 The District Supering By signing below the We will begin paying 	ded by the committee action intendent must be in agreeme as Pastor agrees that he/she leng our invoices by ACH in the	based on the availability of nt by signing below. nas read the rules and agree ne month following approva	f funds. s to be in conformity with them. al of the grant.
X_ Pastor	Dete	_X Pastor-Parish Chair	Date
1 astul	Date	1 45101-1 41 ISH CHAH	Date
X		_X	
Admin Council Chair	Date	Treasurer	Date
T 7			
X		 Date	