

DREAMer FUND
Application Form

Name of applicant: _____

Date of application: _____

Current address: _____

Current phone: _____

Current e-mail: _____

Date of birth: _____

Permanent (family) address if different from above: _____

1. Have you shared your decision to apply for this deferment with your home congregation? ___Yes ___No

2. Do you give permission to contact your congregation about your financial need? ___Yes ___No
If not, please list the reasons why you do not wish to have your congregation contacted.

3. Has your congregation already committed to contribute toward your support? ___Yes ___No

If yes, please list amount congregation will contribute. Grant \$_____. Loan \$_____.

4. Are you pursuing other possibilities for meeting your financial need? ___Yes ___No

If so, please indicate source: _____

5. Congregational information

Name of home congregation: _____

Congregation city and state: _____

Name of Pastor: _____

Signature of Pastor. I verify that this person is a member of /attends (please circle) our congregation and is in good standing in our congregation. To the best of my knowledge this person qualifies to request assistance from the DREAMer Fund.

Pastor's signature _____ Date _____

6. Please explain how receiving this deferment will help you accomplish your educational goals, career goals, or help you support your family.

7. Additional Contact information (for minors only)

Name of parent or other relative: _____

Address (street, city, state, zip): _____

Home Phone Number: _____ Area Code _____ Phone Number _____

8. **Fundraising.** Each year we send a letter to people and congregations who have contributed in the past to the DREAMer Deferment Fund, and it is helpful to include a quote from one or more students in the program.

- May we quote your words from this application and attribute them to your name in a fundraising letter? _____ Yes _____ No
- If you do not want us to use your name, may we quote your words and attribute them instead to a phrase such as “a DREAMer Fund recipient?” _____ Yes _____ No

9. **Suggested contributors.** List names and addresses of people we may contact to ask for contributions.

10. **Additional comments or questions:**

Applicant’s signature _____ **Date** _____

Please return completed form to:

*Mennonite Church USA
DREAMer Fund
718 N Main St
Newton KS 67114-1703*

Expect to hear from MCUSA staff regarding your application within 3 weeks of mailing it in. If you have questions, contact the Mennonite Church USA Executive Board office at phone 503-410-1515 or e-mail IrisDH@MennoniteUSA.org
