

**Application for Subsidy**

from the Fair Balance Fund

1. Name of congregation
2. Address
3. Area Conference
4. Name of person filing out this form
5. Name of pastor for whom the subsidy is requested
6. Information about the pastor’s family (if applicable)

Spouse name Age Child name Age Child name Age Child name Age Child name Age

1. How many hours per week (on average over the last year) is this pastor giving to pastoral ministry in this congregation?
2. Is the congregation currently providing any assistance to the pastor or his/her family for health related costs? (For example, health insurance premium, cash to help pay for health care costs paid directly by the pastor, pastor reimbursed by the congregation for health care costs, etc.) Yes No

If yes, explain below or on the back of this form.

*Continued on back*

1. Total annual offerings/income received by the congregation from local sources and sources beyond the congregation

$

How much was given to the ministry of your area conference over the past year?

$

1. The Corinthian Plan subsidy does not cover dental or vision coverage. In order to calculate your total premium please answer the following:

Our church is enrolled or enrolling in dental coverage through The Corinthian Plan for our staff:   
\_\_\_\_Yes \_\_\_\_No

Our church is enrolled or enrolling in vision coverage through The Corinthian Plan for our staff:  
\_\_\_\_Yes \_\_\_\_No

1. Provide any other information that you think would support this application for a subsidy. (You may use the space below or attach documentation.)

Signature of person filling out this form Date

Telephone number

E-mail address

Signature of Conference Representative Date

Role in the conference Telephone number

E-mail address

Send the completed application form by mail, scan to email, or fax to:

**E-Mail/Scan:** [**DuncanS@MennoniteUSA.org**](mailto:DuncanS@MennoniteUSA.org)

**Mail: The Corinthian Plan, Mennonite Church USA**

**Duncan Smith, Director**

**3614 Portage Lane, #104 Anacortes, WA 98221**

**Fax: (316) 283-0454 (Attn: Duncan Smith, The Corinthian Plan)**

**October 2025**