

APPLICATION FOR SUBSIDY
 from the Fair Balance Fund

CONGREGATION INFORMATION

1. Name of congregation:

2. Address (line 1):

Address (line 2):

3. Area Conference:

4. Name of pastor for whom the subsidy is requested:

5. PASTOR'S FAMILY INFORMATION (IF APPLICABLE)

Family Member	Name	Age
Spouse	<input type="text"/>	<input type="text"/>
Child	<input type="text"/>	<input type="text"/>
Child	<input type="text"/>	<input type="text"/>
Child	<input type="text"/>	<input type="text"/>
Child	<input type="text"/>	<input type="text"/>

PASTORAL HOURS

6. How many hours per week (on average over the last year) is this pastor giving to pastoral ministry in this congregation?

CURRENT HEALTH ASSISTANCE

7. 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, please explain:

DENTAL AND VISION COVERAGE

8. 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

CONGREGATIONAL FINANCES

9. 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?

ADDITIONAL SUPPORTING INFORMATION

10. Provide any other information that you think would support this application for a subsidy. You may attach additional documents as needed.

11. CONTACT INFORMATION AND SIGNATURE — PERSON FILLING OUT THIS FORM

Name:

Role:

Email:

Telephone:

Date:

Signature:

12. CONTACT INFORMATION AND SIGNATURE — AREA CONFERENCE REPRESENTATIVE

Name:

Role:

Email:

Telephone:

Date:

Signature:

Send completed application by mail or scan and email to:

SusanB@MennoniteUSA.org

The Corinthian Plan, Mennonite Church USA • Susan Burkholder, Director • 4121 Eliot St. Denver, CO 80211