**Virginia Mennonite Conference**

**Retired Church Worker’s Fund**

**Application**

Name: Phone:

Address:

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of VMC Congregation Currently a Member of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congregation/Organization Last Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Served in VMC: From Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Grant requires that the applicant must have served at least 15 years)

Description of Fulfill the Dream enrichment active or financial need:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**COMPLETE THIS SECTION ONLY IF THIS IS A REQUEST FOR FINANCIAL NEED**

Other financial aid previously received / applied for, if any (including assistance from congregation and Everence’s sharing fund)  \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other sources of income to assist you in paying these expenses (check all that apply):

|  |  |  |
| --- | --- | --- |
| * Medicare/Medicaid | * Other insurance | * Retirement benefits |
| * Current employment | * Social Security | * Other:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Total Amount Needed: $ Amount already received: $\_\_\_\_\_\_\_\_\_\_\_

**ALL APPLICANTS: Please list total amount requested:** $\_\_\_\_\_\_\_\_\_\_\_

**References**:

Name: Name:

Address: Address:

Phone: Phone:

Email: E-mail:

Signature of Applicant Date:

**Please** attach photocopies of bills or estimates related to the need for aid or projected costs and return to:

Anieta McCracken, Administrative Services Manager

Virginia Mennonite Conference

601 Parkwood Dr

Harrisonburg VA 22802

[anieta.mccracken@virginiaconference.org](mailto:anieta.mccracken@virginiaconference.org)

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**For office use only:**

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Overseer’s Review**

❑ I approve this application ❑ I have questions about this application

**­­­­­­­­­­­­­­­­­­­­Overseer's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Action Taken by Committee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**