

RETIRED CHURCH WORKER'S FUND

Grant Application



Send completed applications to VMCgrants@virginiaconference.org.

Financial needs and request are confidential.

Date / /

APPLICANT INFORMATION

Name	
Phone	E-mail
Address	
VMC Congregation	Congregation/Organization Last Served
Pastor	Total number of years served in a Mennonite setting (provide date range)

REQUEST

Description of enrichment activity or financial need

Other financial aid/grant previously received or applied for	Total Need	Amount Requested
	\$	\$

If applying for financial need, what other sources of income will assist you in paying expenses

Medicare/Medicaid Other Insurance Retirement Benefits Current Employment
 Social Security Other (please describe)

Address to send Funds

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REFERENCES

Pastoral Reference

Phone	E-mail
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Address

Other Reference

Phone	E-mail
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Address

APPLICANT SIGNATURE

Signature of Applicant

Date

/ /

Please attach copies of invoices, estimates, or projected costs. Forward to your Oversight Leader for approval.

OVERSIGHT MINISTER

Name (Print)

Approval

Approved Tentative Approval Not Approved

Signature of Oversight Minister

Date

/ /

Comments

For office use	Date Received / /	Initials
Action Taken		
Signature	Date / /	
Amt\$	CK#	Date / /
Amt\$	CK#	Date / /