



Excellence in Ministry - Grant Application

Thanks for your interest in the Excellence in Ministry (EIM) program. Take note that this application will take some time to complete. In several places, you are prompted to visit various websites to obtain retirement projections. Please allow yourself plenty of time to ensure this information is accurate on your application.

Please include these three items with your application:

1. a letter of reference from your current regional minister, which speaks to your leadership in the Church; and
2. a letter from your church moderator/chairperson stating the church's ability to raise funds for a matching grant (see p. 8); and
3. two essays (each 750 words or less), responding to these two prompts:
 - Tell a story from your ministry that describes your approach to pastoral leadership.
 - Imagine your ministry in 20 years. What do you see yourself doing?

Please complete the following grant application in full and return as one complete set of documents. There are two ways to submit your application:

Email: eim@pensionfund.org

Mail: Pension Fund of the Christian Church
Attn: EIM Application
P.O. Box 6251
Indianapolis, IN 46206-6251

PRIVACY STATEMENT: PLEASE READ AND SIGN.

Pension Fund is strongly committed to respecting your privacy and protecting the personal identifiable information that you share with us. The purpose of this Privacy Statement is to inform you as to how we: a) collect and use your information; and b) protect your information.

Through the application, we collect your personal information, which allows us to make informed and competent grant determinations. We may share your personal information with our staff and advisory team for the purpose of making grant decisions. We may "depersonalize" information (remove all personal identifiers like name, email address, etc...) to aggregate the applicants' information to share with donors and The Lilly Endowment, Inc. (the "Lilly Endowment") for the purposes of tracking the merits of the EIM program and soliciting further contributions for the program. Our staff is obligated to not use or share your personal information for unauthorized purposes.

We reserve the right to amend or change this Privacy Statement at any time. In the event of any such amendment or change, we will email you notice of the same to the email address provided to us in your application.

I hereby confirm that I have read and understood, and agree to be bound by, the terms of this Privacy Statement.

Applicant: _____
SIGNATURE PRINTED NAME DATE

Spouse (if applicable): _____
SIGNATURE PRINTED NAME DATE

PERSONAL INFO:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: (____)____ - _____

Work Phone: (____)____ - _____

Mobile Phone: (____)____ - _____

Where are you currently serving? Please list the name and location of your congregation:

Name: _____

City: _____ State: _____

I verify that the information I provided is accurate and true to the best of my knowledge.

Applicant Signature: _____

Date: _____

Position at congregation: _____

Full time or part time? _____

If you also work outside the church, please list what you do for employment? _____

Are you? Ordained Commissioned Ordination or Commissioning Date: _____

If commissioned, are you seeking ordination? Yes No

Ministerial standing is certified by which region? _____

Have you completed your ministry education program (Seminary/Apprentice track)? Yes No

If no, please provide anticipated completion date (Month & Year) _____

Please provide some demographic information about yourself and your family, as applicable. Write n/a for those that do not apply:

| | AGE | GENDER | RACE/ETHNICITY |
|-------------------|-----|--------|----------------|
| Yourself | | | |
| Spouse | | | |
| Child/Dependents: | | | |
| | | | |
| | | | |

How long have you served at your current congregation (years and months)? _____

How many more years do you anticipate being in ministry before retiring? _____

FINANCIAL BACKGROUND:

Please take some time to complete the following information regarding your current financial situation.

Monthly Combined Household After-tax Income (based on an average of the last six full months) _____

Monthly Household Expenses (*based on an average of the last six full months*) – do not include money contributed to savings unless it was also spent in the last six months _____

FINANCIAL BACKGROUND (CONTINUED):

TOTAL HOUSEHOLD INDEBTEDNESS BY CATEGORY: (include a total dollar amount for all that apply)

| | Current Loan Balance | Monthly Payments <i>(Required Minimums- do not include extra paid)</i> |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------|
| Mortgage | | |
| Home Equity Loan/ Line of Credit Balance | | |
| Student Loans | Personal: Spouse: Children: | |
| Car Loan (s) | Loan #1: Loan #2 | |
| Consumer/Unsecured Debt <i>(credit cards, retail cards, gas cards, etc.)</i> | | |
| Medical Loans/ Debt | | |
| Lines of Credit | | |
| Personal Loans &/or Family Loans | | |
| Other: <i>(describe)</i> | | |
| Total: | | |

TOTAL AMOUNT SAVED BY CATEGORY (include amounts for all that apply)

| | | TOTAL AMOUNT SAVED |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Emergency Fund | | |
| House Savings/ Home Repair Savings | | |
| Education Savings <i>(Self &/or Children's including 529 Funds)</i> | | |
| Retirement | Current Pension Credit Balance <i>(found on MyPensionFund Portal- https://pfcc.hroffice.com/ESS/)</i> | |
| | Tax-Deferred Retirement Account Balance at Pension Fund | |
| | Other Retirement Savings/ IRA/401K | |
| | Military/ Teacher Pension or other defined benefit | |
| | Monthly Social Security estimate <i>(https://www.ssa.gov/myaccount/)</i> | |
| Investments | | |
| Other Savings: <i>(describe)</i> _____ | | |
| Total Savings: | | |

| Monthly Household Expenses | Monthly Amount |
|----------------------------------------------------------------------------------------|----------------|
| Giving to church | |
| Other charitable giving | |
| Contributions to Savings/Investment Account | |
| Housing expenses (rent/mortgage, insurance, utilities, taxes, landscaping, security) | |
| Communications expenses (internet, cell phones, cable, TV subscriptions) | |
| Transportation expenses (auto loans, gas, public transit, insurance, repairs, etc.) | |
| Education expenses (student loans, tuition, school supplies, daycare, etc.) | |
| Food expenses (groceries, dining out, school lunches) | |
| Entertainment expenses (recreation, vacation, games, sports) | |
| Shopping (household items, clothes, etc.) | |
| Gifts (birthdays, Christmas, etc.) | |
| Pet expenses (vet care, boarding, grooming, food, supplies) | |
| Out-of-pocket medical expenses (pharmacy, deductible, premiums, co-pays, dental, etc.) | |
| Other debt payments (credit cards, IRS, personal loans) | |
| Miscellaneous expenses | |
| Other (identify) | |
| Other (identify) | |
| Other (identify) | |
| Total Monthly Expenses | |

Total here should match total expenses listed at the bottom of Page 3.

FINANCIAL BACKGROUND (CONTINUED):

Please use the space provided below to share any further thoughts or comments regarding your financial situation. Please avoid using any identifying information (names, city, etc.):

If you are awarded a grant, how will you use the money? _____

Answer the following questions regarding your current outlook on your finances:

1. In thinking about your current monthly cash flow (income vs expenses), please rate your level of stress:

1 = Not very stressed at all. 5 = High level of stress

1 2 3 4 5

COMMENTS

2. In thinking about your emergency savings, how prepared do you feel you are to handle an emergency such as an unforeseen job loss?

1 = Very prepared. I can handle it fine. 5 = Very unprepared. It would be very stressful.

1 2 3 4 5

COMMENTS

3. In thinking about your total debt, how do you feel about your total indebtedness?

1 = Not at all concerned. 5 = Very concerned.

1 2 3 4 5

COMMENTS

4. In thinking about what you've saved for retirement, how prepared do you feel?

1=Very prepared. 5=Very unprepared.

1 2 3 4 5

COMMENTS



Terms of Congregational Participation

TO BE COMPLETED BY THE CONGREGATIONAL BOARD CHAIRPERSON/MODERATOR

Your pastor is applying to Pension Fund’s Excellence in Ministry program. If he/she is accepted, this program includes financial literacy training for both the pastor’s household and the leaders of the congregation. If selected, the applicant will also receive a \$10,000 financial-relief grant which can be used for debt repayment, retirement contribution or to relieve other financial strain.

We believe that in order for the applicant to participate in the Excellence in Ministry program and be successful, he or she must have support from his/her congregation. Please review and discuss items below with your pastor. A signed copy of this form is required to be submitted with the grant application.

While it’s not a condition of your pastor receiving a grant from Pension Fund, we do strongly encourage the participating congregation to raise funds that match the half of the grant for your pastor. This should be over-and-above your pastor’s salary and benefits and can be raised over a two year period. **Please attach a brief letter expressing your confidence in the church’s ability to raise \$5,000 over the next two years.**

CONTACT INFORMATION:

Applicant (Pastor) Name: _____

Church name: _____

Church Location (city, state): _____

Board chair/Moderator Name: _____

Phone: (_____) _____ - _____ Email: _____

IF OUR PASTOR IS ACCEPTED TO THE PROGRAM, OUR CHURCH AGREES TO PARTICIPATE IN THE EXCELLENCE IN MINISTRY PROGRAM BY:

- Supporting our pastor’s participation in EIM by allowing time for learning events, peer group meetings and meetings with his/her mentor;
- Agreeing to review our pastor’s compensation and benefits on at least an annual basis;
- Contribute to our pastor’s retirement savings via Pension Fund of the Christian Church;
- Soliciting gifts within the congregation to match the amount of the financial-relief grant from Pension Fund (over-and-above annual compensation); and
- Encouraging at least two lay leaders to participate with your pastor in online learning events on the topic of congregational finance.

SIGNATURES:

Applicant (Pastor) _____
SIGNATURE PRINTED NAME DATE

Board Chair/Moderator _____
SIGNATURE PRINTED NAME DATE



Terms of Participation for Pastor (and Spouse, if applicable)

If you are selected for the program, you (and if you are married, your spouse) are required to be fully engaged with the program. Failure to participate in the manner outlined below will result in termination of the financial relief grant.

CONTACT INFORMATION:

Applicant (Pastor) Name: _____

Church name: _____

Church Location (city, state): _____

Spouse Name (if applicable): _____

If accepted into the Excellence in Ministry program, I agree to fully participate by:

- **Attending all financial literacy events and putting the education to use in my financial affairs. (Participants are required to attend all events.);**
- **Submitting a complete household financial worksheet to Pension Fund every six months;**
- **Attending all sessions with my peer group;**
- **Submitting the name of my chosen mentor within 60 days of the first learning event, and updating the program director if the mentor should change;**
- **Meeting with my mentor at least once every 60 days, by phone or face to face;**
- **Meeting with a financial advisor at least one time within three months of first learning event; and**
- **Submitting timely responses to all surveys about the program.**

As the applicant's spouse, I agree to fully participate by:

- **Attending all literacy courses dealing with PERSONAL finance.**

SIGNATURES:

Applicant (Pastor): _____

SIGNATURE
PRINTED NAME
DATE

Applicant's Spouse: _____

SIGNATURE
PRINTED NAME
DATE