

FLOURISH!
Financial Relief Grant Application
Christian Church (Disciples of Christ) in Indiana

- A. Name (Last, First, MI) Email address
Date of Birth Home Phone
Home Address Cell Phone
- B. Spouse's Name
Date of Birth
- C. Dependents' Names and Dates of Birth
- D. Congregation Name and Address Phone

Role in Congregation # of years in this role
- E. **Grant Amount Requested**
- F. Have you discussed your application with your church leaders? Yes No
Is your congregation aware of its participation should you be awarded the grant? Yes No
- G. What benefits are provided by your current employer? (Check all that apply)
- | | | | | |
|---------|----------------|------------|--------|------------|
| Medical | Rx | Dental | Vision | Disability |
| | Life Insurance | Retirement | | |
- Please explain:
- What benefits are provided by your spouse's employer? (Check all that apply)
- | | | | | |
|---------|----------------|------------|--------|------------|
| Medical | Rx | Dental | Vision | Disability |
| | Life Insurance | Retirement | | |

Do you: own your home rent live in a parsonage

Do you receive a housing allowance? Yes No

Please describe your specific financial needs to be addressed through a Relief Grant?

Compared to a year ago, is your financial situation better, worse, or the same? Please explain.

How will a Relief Grant benefit your ministry?

Please share additional information that will assist us in considering your request. (500 words or less)

Electronic Signature

Date

To be completed by the Relief Grant team:

Date received _____

Approved? _____ Yes _____ No

Authorized Signature:

Date:

Please use these pages for additional information or more complete answers to the questions on page 2.

