



# APPLICATION FOR CONSUMER AID GRANT

Application date: \_\_\_\_\_

## YOUR INFORMATION

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SPOUSE INFORMATION

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Vocation: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Children and ages: \_\_\_\_\_  
\_\_\_\_\_

## MINISTRY INFORMATION

Congregation serving or ministry setting: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Work phone: \_\_\_\_\_ Start date: \_\_\_\_\_ Role/title: \_\_\_\_\_

Credentials:  OWSa  OWSe  COM  CM  ML  WML  BVL\*

\*Ministers holding a BVL may be eligible for FL funds; please review eligibility guidelines and contact the Director of FinancialLeadership for more information.

***If your ministry is in a congregational setting, please complete the following.***

Setting:  Urban  Rural  Suburban  Other \_\_\_\_\_ Avg. attendance: \_\_\_\_\_

Annual budget: \$ \_\_\_\_\_ Avg. weekly offering: \$ \_\_\_\_\_

## CONSUMER AID QUESTIONNAIRE

*Please answer the following questions related to your participation in Financial Coaching.*

1. You are applying for a grant that is concerned with:

- Punitive consumer debt       Burdensome student loans

2. How much are you applying for? \$ \_\_\_\_\_

3. What prompts you to apply for this grant?

4. Please describe the circumstances that generated this debt.

5. What are you currently doing to manage this debt?

6. Please detail the debt service agreement you are currently under and include the debt amount, monthly payment structure, expected payoff, etc.

Signature \_\_\_\_\_ Date \_\_\_\_\_