

APPLICATION

for Church Worker Transitional Financial Assistance

1. APPLICANT AND CONTACT INFORMATION

Date: _____ Worker: _____

Name of spouse and dependents: _____

Street address: _____

City/town: _____ State: _____ ZIP: _____

Home phone: _____ Cell phone: _____ Office phone: _____

Email: _____

2. APPLICANT'S PRESENT OR PREVIOUS ASSIGNMENT

Congregation: _____

Street address: _____

City/town: _____ ZIP: _____ Office phone: _____

3. APPLICANT'S DISTRICT

District where applicant is a member: _____ District president: _____

District office street address: _____

City/town: _____ ZIP: _____ Phone: _____

Email: _____

4. ASSESSING APPLICANT NEED GAP — MONTHLY ASSETS VS. MONTHLY EXPENSES

Monthly Income/Assets	Applicant's income	\$
	Spouse's income	\$
	Other sources of assistance and amounts received (list)	
	District	\$
	Savings	\$
	Other assets	\$
	Total Monthly Income/Assets	\$

Monthly Expenses	Rent/Mortgage	\$
	Utilities	\$
	Food	\$
	Total Auto Expense (<i>loan, fuel, maintenance, insurance</i>)	\$
	Credit Card Payments	\$
	College/Seminary or other personal loans	\$
	Health Insurance	\$
	Other monthly expenses (list)	\$
		Total Monthly Expenses

Totals	Total Income/Assets minus Total Expenses	\$
	Amount Of Grant Requested	\$

5. DESCRIPTION OF NEED

Include a brief description of the worker's need for transitional financial assistance and the circumstances associated with the request:

6. SUBMIT APPLICATION

- Email completed application to:
Rev. Dr. Ross Johnson
Director, Disaster Response and Soldiers of the Cross
The Lutheran Church—Missouri Synod
314-278-7050 (cell)
ross.johnson@lcms.org
- Also email a copy of the application to the District President