



# **Application for Church Worker Transitional Financial Assistance Church Worker (Student Loan) Debt Reduction Grant**

## **LCMS English District**

Student Loan (Education Indebtedness) assistance is available to English District Rostered Church Workers. In making this application you are authorizing the English District to obtain credit records. All English District grants will be paid directly to the loaning institution. More information may be requested if needed for the consideration of this application.

### **APPLICANT AND CONTACT INFORMATION**

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Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

List Dependents: \_\_\_\_\_

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

City/Town: \_\_\_\_\_

State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State issued: \_\_\_\_\_

### **APPLICANT'S PRESENT OR PREVIOUS ASSIGNMENT**

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Name of Congregation/School: \_\_\_\_\_

Name of Pastor/Principal: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State/Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

### **APPLICANT'S DISTRICT**

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**LCMS English District**  
Rev. Jeffrey Miskus - Bishop/President  
33100 Freedom Road  
Farmington, MI 48336  
Office: 800.755.9335

**Deadline for Application – May 12, 2025**

## ASSESSING APPLICANT NEED GAP

### MONTHLY INCOME VS. MONTHLY EXPENSES

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#### Monthly Income

Applicant's income	\$
Spouse's income	\$
Other sources of assistance and amounts received (Please list in detail other sources on a separate sheet) <b>Total</b>	\$
<b>Total Monthly Income</b>	\$

#### Monthly Expenses

Rent/Mortgage	\$
Utilities	\$
Food	\$
Total Auto Expense (loan, fuel, maintenance, insurance)	\$
Credit Card Payments (Please list each credit card and amount owed on a separate sheet) <b>Total</b>	\$
Health Insurance	\$
Student Loan	\$
Other monthly expenses (Please list in detail on a separate sheet) <b>Total</b>	\$
<b>Total Monthly Expenses</b>	\$

#### Totals

<b>Total Income</b>	\$
<b>Minus Total Expenses</b>	\$
<b>Balance</b>	\$
<b>Amount of Grant Requested</b>	\$

#### Assets

Savings	\$
Other assets (Please list in detail other assets on a separate sheet) <b>Total</b>	\$
<b>Total Assets</b>	\$

## DESCRIPTION OF NEED

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Include a brief description of your need for transitional financial assistance and the circumstances associated with your request (please use a separate sheet if more room is needed):

\* If you are chosen for this grant, your most recent student loan statement will be requested. We will also request your social security number and other information necessary to perform a credit check. The English District LCMS will be issuing a Form 1099 for all student debt reduction grants. It is the responsibility of the recipient to report as may be required by local, state, and federal tax laws, and to cover costs for any and all taxes which may be imposed on these funds.

## SIGNATURE

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I certify that the information I have provided in this application is true and accurate to the best of my knowledge. I give my permission for the English District to obtain credit records.

\_\_\_\_\_  
Signature of Church Worker

\_\_\_\_\_  
Date

## SUBMIT APPLICATION

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For security of your personal information, you can fax your completed application to 248.476.0188.

Or

If you choose to email the form – we ask that you use a password protected zip or pdf file, sending the file and password in two separate emails to [dmathers@englishdistrict.org](mailto:dmathers@englishdistrict.org).

Or

Mail completed application to:

LCMS English District  
Attention: Rev. Derek Mathers  
33100 Freedom Road  
Farmington, MI 48336-4030

If you have any questions, please contact Rev. Derek Mathers at 800.755.9335.