

### Application for Ministerial Excellence Fund Grant

Name (Last, First, MI):	Email Address:
Date of Birth:	Title: [ ]Rev. [ ]Dr. [ ]Mr. [ ]Mrs. [ ]Miss [ ]Ms.
Home Address:	Home phone:  Cell Phone:
Spouse's Name:	Have you discussed your application with church leaders? ___ Yes ___ No
Spouse's Vocation:	May we contact church leaders to discuss your application? ___ Yes ___ No
Date of Birth:	___ Yes ___ No
Dependents' Names and Dates of Birth:	May we contact your Area Resource Minister to discuss your application? ___ Yes ___ No  May we share your story (anonymously) to encourage others to participate in the MEF Ministry? ___ Yes ___ No
Name & Address of Church:	Role:  ___ Full-time ___ Part-time
Phone number:	# Years at Church:
<b>GRANT AMOUNT REQUESTED:</b>	Ave. attendance:
	Annual budget:
	Ave. weekly offerings:
To be completed by the Ministerial Excellence Team	
Date received:	Approved? ___ Yes ___ No
Authorized Signature:	Date:

Please describe your specific financial needs to be addressed through a grant from the Ministerial Excellence Fund:

How will a Ministerial Excellence Fund grant benefit your ministry?

Benefits provided:

By your church:  medical  dental  vision  disability  life insurance  retirement

Details:

By spouse's employer:  medical  dental  vision  disability  life insurance  retirement

Details:

Do you  own your home  rent  live in a parsonage

The Ministerial Excellence Fund requires that the applicant's local church be engaged in securing funds for the MEF grant process. How will your church participate in the grant you receive?

Please complete the *Family Budget Details* attachment. Attach additional information/pages as needed.

Please return completed application and attachments to: Mike Wilson, 128 Bridgmore, Mooresville, IN 46158 OR [mikewilson@abc-indiana.org](mailto:mikewilson@abc-indiana.org)