

# EDUCATIONAL DEBT GRANT CHURCH APPLICATION

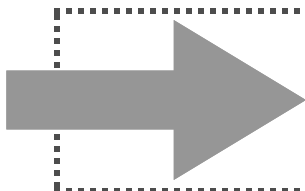


Lead/Executive Pastor: \_\_\_\_\_  
other Church Contact: \_\_\_\_\_  
Position: \_\_\_\_\_  
Day Time Ph: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Church: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## The listed pastor in need of Educational Debt Assistance

1. Name: \_\_\_\_\_
2. Position: \_\_\_\_\_
3. Status:  Full time  Part time (If part time, provide average hours per week: \_\_\_\_\_)
4. Employee Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
5. Amount church is providing (up to \$2400 per year)? \$ \_\_\_\_\_
6. Is the pastor's first time applying?  Yes  No
7. If No please indicate below for which year this applies:  Year 2  Year 3  Year 4
8. Comments/Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Official Church Contact Date



Complete and Mail to:  
**The Bridge Fund**  
**3301 Benham Avenue**  
**Elkhart, IN 46517**

## CRITERIA for Educational Debt Reduction Grant Applicants:

Preference will be given to those in greatest need.

Applicant holds credentials by the Missionary Church

Applicant has served a minimum number of two consecutive years and is in good standing in the MCNCD (Missionary Church North Central District)

Applicant has met continuing education requirements as outlined in the MCNCD Bylaws  
Church's financial obligations to the MCNCD are up to date

Applicant is currently active and participating in the events of the MCNCD

Applicant has a full time status, or if less than full time status, The Bridge Fund Board may pro-rate the grant

Applicant must meet with an approved financial counselor prior to grant money being awarded

Applicant must be accountable and provide The Bridge Fund with loan payment information

The Bridge Fund will match funds provided by the church or other donors according to our guidelines

The Bridge Fund will match funds up to \$2,400 per year

Grant term is one year, limited up to four years with an annual re-application required

|                          |                            |             |          |
|--------------------------|----------------------------|-------------|----------|
| <input type="checkbox"/> | Recd on:                   | ___/___/___ |          |
| <input type="checkbox"/> | mailed/e-mailed applicant: | ___/___/___ |          |
| <input type="checkbox"/> | Recd match in full:        | ___/___/___ | \$ _____ |
| <input type="checkbox"/> | Recd match in part:        | ___/___/___ | \$ _____ |
| <input type="checkbox"/> | Recd total match:          | ___/___/___ | \$ _____ |