

**Application for Student Financial Assistance**  
**Pastoral Leadership Commission**  
**Great Lakes Conference**  
For Conference Year - July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Other Dependents \_\_\_\_\_

School of Attendance \_\_\_\_\_

Program/Degree \_\_\_\_\_

Membership in which Great Lakes Conference Church \_\_\_\_\_

**Monthly Household Expenses:**

Tithe \_\_\_\_\_

Housing \_\_\_\_\_

Utilities \_\_\_\_\_

Food \_\_\_\_\_

Insurance \_\_\_\_\_

Loan Payments \_\_\_\_\_

Taxes \_\_\_\_\_

Auto Maintenance \_\_\_\_\_

Specify Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL** \_\_\_\_\_

**Anticipated Monthly Income:**

Salary (Self) \_\_\_\_\_

Salary (Spouse) \_\_\_\_\_

Interest Income \_\_\_\_\_

Other Income \_\_\_\_\_

\_\_\_\_\_

**TOTAL** \_\_\_\_\_

**Anticipated Aid/Gifts (Annually)**

General Conf \_\_\_\_\_

Congregation \_\_\_\_\_

School \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Each Conference Year the Pastoral Leadership Commission will review applications for financial aid from those students that have been approved for such aid by the Council. The student will be responsible to submit to the Council a transcript of completed hours following each trimester/semester and payment will be made to the school/student based upon this information.

*"I will honor the policies adopted by the Pastoral Leadership Commission and the Great Lakes Conference concerning financial assistance. Acceptance of financial assistance from the Great Lakes Conference demonstrates my commitment to full-time vocational ministry within the Great Lakes Conference or other approved ministry by the Commission."*

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

**PLEASE RETURN THIS FORM TO:** Great Lakes Administrator  
P.O. Box 1132, Findlay, OH 45839-1132