

## Seminary Debt Assistance Program Application

**Section 1** To be completed by the applicant/minister

### **A** Personal Information

Name \_\_\_\_\_ Soc. Sec. #. \_\_\_\_\_

Date of birth    /    /                      Tel (    ) \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Have you previously received Seminary Debt Assistance?     Yes                       No

List all previous colleges, universities and graduate schools attended.

School	Dates attended

Marital status                       Single                       Married

Spouse's name \_\_\_\_\_ Number of dependent children \_\_\_\_\_

### **B** Seminary Information

Seminary \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of graduation \_\_\_\_\_ Date of ordination \_\_\_\_\_

Degree obtained \_\_\_\_\_

Financial aid officer \_\_\_\_\_ Tel (    ) \_\_\_\_\_

Presbytery of care \_\_\_\_\_

### **C** Financial Planning Seminar (*Getting in Shape... Fiscally*) (This is a requirement of the program.)

Have you attended the Board of Pensions Financial Planning Seminar (*Getting in Shape... Fiscally*)?     Yes                       No

Location \_\_\_\_\_ Date \_\_\_\_\_

**D Educational Loans (include direct student loans only) as of \_\_\_\_\_ .**  
*date*

Educational Loan	Amount Borrowed	Remaining Principal Balance	Interest Rate
Federal Stafford Loan			
Federal Perkins Loan			
Federal Unsubsidized Stafford			
PC (U.S.A.) Loan			
Other loans (specify)			
<b>Total</b>			

Please attach documentation (e.g., a recent statement) to verify educational loans.

Are any of the above loans eligible for loan forgiveness programs?  Yes  No

If yes, which ones? \_\_\_\_\_

**E Personal Financial Information**

Assets	Applicant	Spouse
Cash and checking account		
Savings account		
Certificates of deposit		
Stocks, bonds, etc.		
Real estate		
Other (specify)		
<b>Total</b>		

Do you own a home?  Yes  No

Balance due on home mortgage \_\_\_\_\_

Income	Applicant	Spouse
Salary		
Housing allowance		
Utility allowance		
Tax deferred compensation		
Other earned income		
Interest/Dividends		
Other income (specify)		
<b>Total</b>		

Expenses	Applicant	Spouse
Rent/Mortgage		
Utilities		
Car loan		
Credit cards (current balances)		
Other debts and financial responsibilities (specify)		
<b>Total</b>		

### **F Presbytery of Call**

Name \_\_\_\_\_

Address \_\_\_\_\_

Committee on Ministry moderator \_\_\_\_\_

Moderator's tel (     ) \_\_\_\_\_

Moderator's email \_\_\_\_\_ Moderator's fax (     ) \_\_\_\_\_

### **G Congregation Served**

Name \_\_\_\_\_ Tel (     ) \_\_\_\_\_

PIN \_\_\_\_\_ Date of call \_\_\_\_\_

Address \_\_\_\_\_

Clerk of session \_\_\_\_\_ Clerk's tel (     ) \_\_\_\_\_

Clerk's email \_\_\_\_\_ Clerk's fax (     ) \_\_\_\_\_

Is this a full-time position?  Yes      No

Have you enrolled in the full Benefits Plan based on this service?  Yes      No

**If this is a yoked call, provide additional information regarding the other congregation.**

Name \_\_\_\_\_ PIN \_\_\_\_\_

Address \_\_\_\_\_

Tel (     ) \_\_\_\_\_

Clerk of Session \_\_\_\_\_

Clerk's tel (     ) \_\_\_\_\_

Clerk's email \_\_\_\_\_ Clerk's fax (     ) \_\_\_\_\_

I certify that the information contained in this application is true and correct and I authorize the Board of Pensions to discuss this information with my presbytery of care, my presbytery of call, and my seminary.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Section 2** To be completed by the presbytery

The presbytery of \_\_\_\_\_ has reviewed this application and has approved the above applicant and congregation to participate in the Seminary Debt Assistance Program.

Signature for the presbytery \_\_\_\_\_

Name *(Please print.)* \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Tel (      ) \_\_\_\_\_

**Please attach a copy of your presbytery's policy on student/clergy indebtedness.**

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**Mail this completed form to:**

Seminary Debt Assistance Program  
The Board of Pensions of the Presbyterian Church (U.S.A.)  
Attention: Assistance & Retirement Housing  
2000 Market Street, Philadelphia, PA 19103-3298  
800-773-7752 (800-PRESPLAN)

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**For Board Use Only**

Grant number \_\_\_\_\_

Amount approved \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Notes:  
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