



### Request for Emergency Mini-Grant

#### Background Information

To assist the Fund process your request for an emergency grant, we are requesting some basic information about you and your diaconal ministry.

1. Name \_\_\_\_\_ 2. Address \_\_\_\_\_  
3 Phone \_\_\_\_\_  
4. Date of Birth \_\_\_\_\_  
5. Ordination Date \_\_\_\_\_ 6. Diocese Ordained in \_\_\_\_\_  
7. Diocese in which you have Canonical Residence \_\_\_\_\_  
8. Congregation where you most recently served. \_\_\_\_\_ Diocese \_\_\_\_\_  
Address \_\_\_\_\_

Name of Rector, Vicar or Archdeacon \_\_\_\_\_

Dates served there: From \_\_\_\_\_ To \_\_\_\_\_

9. Reason and Documentation for Request: Select the reason or reasons for your request and provide related contact information. **Send a copy of the notice you received from the employer informing you about the job loss or change in status. If self-employed, please send a letter explaining the circumstances of your significant compensation reduction or compensation loss.**

Self: Terminated, laid-off or furloughed from paid employment. Date \_\_\_\_\_

Employer Name \_\_\_\_\_ Amount of compensation lost \_\_\_\_\_

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

Spouse, Partner or Household member: Terminated, laid-off or furloughed. Date \_\_\_\_\_

Employer Name \_\_\_\_\_ Amount of compensation lost \_\_\_\_\_

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

Personal Business closed or significantly reduced. Amount of compensation lost \_\_\_\_\_

Self-Employed Business Name and type of business \_\_\_\_\_ Telephone \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ Email address \_\_\_\_\_

Please send your form and documentation by email: [grants@fundfordiaconate.org](mailto:grants@fundfordiaconate.org) or by mail to:

The Rev. Theresa Lewallen  
5904 Mt. Eagle Dr., Apt. 1612  
Alexandria, VA 22303

The Rev. Theresa Lewallen, Grants Administrator for the Fund,  
will contact you regarding your request.