



## Request for Emergency Mini-Grant

### Background Information

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

1. Name \_\_\_\_\_ 2. Address \_\_\_\_\_

3. Telephone: (\_\_\_\_) \_\_\_\_\_

4. Date of Birth \_\_\_\_\_

5. Ordination Date \_\_\_\_\_ 6. Diocese Ordained in \_\_\_\_\_

7. Diocese in which you have Canonical Residence \_\_\_\_\_

8. Parish where you most recently served. \_\_\_\_\_ Diocese \_\_\_\_\_

Address \_\_\_\_\_

Name of Rector \_\_\_\_\_

When did you serve 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 to inform you about the job loss or change in status. If self-employed, please send a letter explaining the circumstances of your closure or significant reduction.**

Self: Terminated, laid-off or furloughed from paid employment

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Spouse/Partner or Household member: Terminated, laid-off or furloughed.

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

Personal Business closed or significantly reduced.

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

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.

Approved by Board 4/14/2020