



**THE FUND FOR THE DIACONATE**  
OF THE EPISCOPAL CHURCH

**Request for Financial Assistance**

For 20\_\_\_\_\_

Return to:  
The Fund for the Diaconate  
Grants Administrator  
P.O. Box 12621  
Charlotte, NC 28220  
grants@fundfordiaconate.org

*To assist the Fund in processing your Request for Financial Assistance, we need some basic information about you and your diaconal ministry:*

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

3. Phone \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ Email address \_\_\_\_\_

5. Date of Ordination \_\_\_\_\_ 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 \_\_\_\_\_

Brief description of your ministry \_\_\_\_\_

9. Previous parishes where you served and dates served \_\_\_\_\_

\_\_\_\_\_

10. What are you requesting from the Fund? \_\_\_ Monthly assistance \_\_\_ One-time grant Amount \_\_\_\_\_

11. Please give us the name of a relative or person who knows you well, with whom we can be in touch in the event you have difficulty communicating with us. **If** your diocese has an archdeacon, please include the person's name and contact information on the back of this page.

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

*My signature below gives the Fund or their authorized person permission to contact my Diocese to obtain additional information. This authorization includes my Bishop or Archdeacon or a person appointed by them.*

Date \_\_\_\_\_

Signature \_\_\_\_\_

*If a qualified representative, state your relationship* \_\_\_\_\_



## EXPENSES INFORMATION

Please list your expenses in the following four groups:

Name: \_\_\_\_\_

My usual expenses are:	MONTHLY	FOR THE YEAR 20_____
<b>A. BASIC LIVING EXPENSES</b>		
Home, i.e., mortgage, rent nursing home cost, etc.		
Utilities		
Electricity		
Gas		
Heat		
Telephone		
Homeowners/Renters insurance		
Home real estate taxes		
Other Living Expenses		
Food		
Clothing		
Laundry		
Cleaning		
Other, please specify		
<b>TOTAL BASIC LIVING EXPENSES</b>		
<b>B. AUTOMOBILE AND TRANSPORTATION</b>		
Gas and Maintenance		
Car Insurance		
Taxes on Car		
Other Auto, please specify		
Other Transportation (non-auto), specify		
<b>TOTAL AUTO AND TRANSPORTATION EXPENSES</b>		
<b>C. HEALTH RELATED EXPENSES</b>		
Basic Health Insurance		
Supplemental Health Insurance		
Dental Care		
Doctors (not covered by insurance)		
Hospital (Not covered by insurance)		
Prescription Medicines (not covered by insurance)		
Other Health Supplies		
<b>TOTAL HEALTH RELATED EXPENSES</b>		
<b>D. OTHER EXPENSES</b>		
Life Insurance		
Income Tax-Federal		
Income Tax-States		
Business Expenses		
Other, please specify		
<b>TOTAL OTHER EXPENSES</b>		
<b>TOTAL EXPENSES (ADD EACH COLUMN)</b>		
<b>TOTAL INCOME (FROM INCOME PAGE)</b>		
<b>NET NEED (SUBTRACT INCOME FROM EXPENSES)*</b>		

\*This is your request for the Fund's assistance. Please add a letter to note any special circumstances.

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

If someone else signs for you, please indicate relationship.

Return to:  
 The Fund for the Diaconate  
 Grants Administrator  
 P.O. Box 12621  
 Charlotte, NC 28220  
 grants@fundfordiaconate.org