



Clergy Medical Grant Application *North Carolina Annual Conference of the United Methodist Church*

Clergy Medical Grant

The Clergy Medical Grant Fund is a benevolence fund set aside by the Conference Insurance Committee to provide grants to eligible clergy facing financial hardship due to medical expenses. Grants are available for members of the NC Conference in good standing and under appointment to a local church, extension ministry, or leave status in the NC Conference. Retired clergy members of the conference may also apply. The grant fund will be administered by the Benevolent Grant Committee of the Insurance Committee and information will be deidentified prior to submission to the committee.

To protect the confidentiality of clergy medical needs, the individual clergy information will only be shared as needed to complete the administration of the medical grant. District Superintendents and the Episcopal Office stand ready to provide pastoral support for all clergy and their families but will not receive information on medical grants. Sharing medical or grant information with district superintendents will be at the discretion of the clergy member.

The grant application requires the following information:

1. Complete Section 1 providing information about the applicant.
2. Write a statement including all points described in Section 2.
3. Submit the application and statement to benefitsteam@nccumc.org.

Additional Details:

- Applications are accepted year-round.
- The maximum grant amount is up to \$3,000 per each approved application. The availability of funds may impact the grant amount awarded.
- Grants are provided for one-time emergency situations, and an applicant may receive only one grant per calendar year.
- Examples of eligible expenses include hospital services, physician services, diagnostic services, prescriptions, behavioral health therapy, physical therapy, vision services (eyeglasses not to exceed \$300, sunglasses excluded) and dental services. Health insurance premiums are not considered eligible expenses. Eligible expenses include amounts paid out-of-pocket after all insurance benefits have been applied. Eligible expenses include those incurred for the clergy member and/or for their dependents.
- If approved for a Clergy Medical grant, the applicant will be encouraged to apply for a Farmer Fund grant from Wespeth. The Farmer Fund grant is provided to eligible clergy for up to \$3,000 per calendar year. The Benevolent Fund Administrator will advise Clergy Medical grant recipients on the next steps in applying for a Farmer Fund grant. The Clergy Medical grant will be paid once Wespeth has made their determination on the Farmer Fund grant request.
- Retired clergy and clergy on Medical Leave within one year of retirement have an additional resource available through The Shepherd's Fund. This fund is administered by a benevolent foundation outside of North Carolina. Grants are available to these clergy members and their spouses for up to \$10,000 each. It is recommended these clergy members first apply for The Shepherd's Fund grant and then apply for a Clergy Medical grant if needs exceed The Shepherd's Fund award. For more information and to apply online, visit www.theshepherdsfund.org. Questions may be directed to The Shepherd's Fund or to the NC Conference Benefits Team.



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In the spirit of compassion and connection, the Clergy Medical Grant offers support to North Carolina Conference clergy facing financial hardship due to medical needs – whether their own or those of their dependents. We know that asking for help can feel vulnerable. Please know your well-being matters not just to God, but to your colleagues and to your wider church community. This application process is designed with deep respect for your dignity and privacy. There is grace in allowing the community to come alongside you in times of need. It is our hope that this grant can ease some of the burden you carry and offer encouragement for the journey ahead.

Section 1 – Applicant Information

Applicant’s Information is Confidential for Office Use Only –Not Shared with Committee. Details will be de-identified before committee review.

Name of Applicant _____ Date _____
 Age of Applicant _____ Number of Dependents (living in home) _____
 Monthly Household Income (from all sources) _____
 Appointed to _____ District _____

Please indicate your status with the NC Conference:

____ Active member ____ Retired member

Have you received assistance from The Shepherd’s Fund or the Farmer Fund? If yes, please indicate the total amount received as of the date of this application.

____ No ____ Yes \$ _____

Have you received other sources of financial assistance for medical needs? If yes, please indicate the total amount received as of the date of this application.

____ No ____ Yes \$ _____

Section 2 – Instructions

Please attach a statement in your own words describing your situation and why you are applying for assistance. Include in your statement: 1) amounts already paid out-of-pocket for medical bills, and 2) amounts owed in medical bills not covered by insurance, and 3) a statement certifying that this is a need which cannot be met without financial hardship. Your statement will be reviewed by a committee. Do not include identifying information.

Contact for questions and send application and written statement to:

Benevolent Fund Administrator
700 Waterfield Ridge Place
Garner, NC 27529
benefitsteam@nccumc.org
Phone: 919-779-6115
Fax: 919-882-8665

Applicant Code for Office Use Only: _____