



Application for a Farmer Fund Grant

Part 1 – To be completed and signed by the applicant or the person authorized to act on the applicant’s behalf.

Name of applicant _____ Social Security # _____

- Clergy Spouse Surviving spouse
 Former clergy Former spouse Surviving dependent child

To support my request for a grant from the Farmer Fund and concurrent grant from the _____ Annual Conference, I am providing the following financial information:

Sources of monthly income:

Pension and benefits from church sources \$ _____
 Social Security benefits \$ _____
 Spouse’s income \$ _____
 Income for all other sources \$ _____
Total income \$ _____

Monthly expenditures:

Mortgage/rent \$ _____
 Utilities \$ _____
 Loan/credit payments \$ _____
 All other living expenses \$ _____
Total expenses \$ _____

Special circumstances which substantiate the need for one-time emergency assistance: Please provide financial information pertaining to any unusual medical, legal or other expenses which have created this one-time emergency situation. (Attach additional documentation if needed.)

Applicant signature _____ Date _____

Address _____

Part 2 – To be completed by the conference board of pensions.

Amount of grant requested from the Farmer Fund \$ _____

Conference will make concurrent grant on a \$1 for \$3 basis \$ _____

Signature of conference officer _____ Date _____

Position _____ Conference _____

Address _____

Part 3 – Actions of Wespeth Benefits and Investments

Recommended by the conference liaison

- Recommended
- Not recommended

Amount of grant recommended \$ _____

Signature of conference liaison _____ Date _____

Approved by the Farmer Fund administrator

- Approved
- Not approved

Amount of grant approved \$ _____

Signature of Farmer Fund administrator _____ Date _____

Record of payment

Number of check _____

Date of check _____

Amount of check _____

Check delivered _____