

## Grant Application for Active Clergy

The Dakotas UMC approved the creation of a "Fund" to help those who need assistance with a significant financial need related to medical cost.

**If you need some financial assistance to help pay for your out of pocket medical expense, please fill out this form.**

**Medical grants are given on a case by case need basis.**

**Please send the completed application to:  
Conference Benefits Officer, Leana Stunes, PO Box 460 Mitchell, SD 57301  
*Please attach a one page detail of why you are applying for this grant along with all receipts of medical expenses for the specific incident.***

**Monthly Income:**

Compensation \_\_\_\_\_  
Social Security \_\_\_\_\_  
Savings \_\_\_\_\_  
\*Other \_\_\_\_\_  
\_\_\_\_\_

**TOTAL INCOME** \_\_\_\_\_

**Monthly Expenses:**

Rent, Mortgage or Housing \_\_\_\_\_  
Utilities \_\_\_\_\_  
Food \_\_\_\_\_  
Taxes \_\_\_\_\_  
HealthFlex Premium \_\_\_\_\_  
\*\*Other \_\_\_\_\_  
\_\_\_\_\_

**TOTAL EXPENSES** \_\_\_\_\_

\*Other Income could be any kind of monthly income you receive or access to any Trust account, Life Estate account etc.

\*\*Other Expenses could be out-of-pocket medical or pharmacy costs, debts (non-credit card), Home health care not covered by insurance, etc.

As you complete this application there are two things to remember:

**FIRST:** try to estimate your monthly expenses in a typical month.

**SECOND:** Please be assured that any information you give is kept strictly confidential. Not even the Conference Board of Pensions will know your name. If a grant is approved to assist to help you pay your out of pocket medical expense, that amount will be distributed as a benevolence check and will be non-taxable.

Applicant's Name (Please print): \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_