

## **Dakotas** Foundation **Minnesota** Foundation

**The United Methodist Church** 

## Seed and Save Grant Application

|  | Information   |                               |  |
|--|---|-------------------------------|--|
|  |   | Social Security Number        |  |
|  |   |                               |  |
| City                                       |   |                               |  |
| Phone                                      |   | Email                         |  |
| Clergy Inf                                 | ormation  |                               |  |
| Are you ser                                | ving a local United Me  | ethodist congregation or exte | ension ministry under  |
| =  | =   | linnesota Annual Conference   |  |
| If <b>yes</b> , in wh                      | nat capacity?   |                               |  |
| Elder                                      | Deacon  | Licensed Local Pastor         | Extension Ministry   |
| Full-time                                  | 3/4-time (75%)  | Half-time (50%)               | 1/4-time (25%)   |
| Name of Ch                                 | nurch/Location  |                               |  |
| Annual Conference:                         |   | District:                     |  |
| and  | currently on leave. Da  | •                             | Minnesota Annual Conference  |
| <b>Personal</b> I<br>Indicate wh<br>☐ Fina | Financial Literacy 1<br>nat opportunity you se<br>nncial Peace University | <b>Fraining</b><br>lected.    |  |
| related re                                 | equirements (or othe<br>start of the course                               |                               | versity coursework and<br>) and have saved \$1,000<br>e Seed and Save Grant in the |
| For the yea                                | r:  |                               | _  |
| Signature:                                 |   |                               | Date:  |