

Email completed application or any questions to:
Email: MinisterialAssistance@pbucc.org
 Mail or Fax completed forms to:
 475 Riverside Drive,
 Room 1020 New York, NY 10115
Fax: 212.729.2701 **Phone:** 800.642.6543 x2714
 This application is also available online at pbucc.org

Massachusetts Board for Ministerial Aid

Application for Emergency Assistance

PERSONAL INFORMATION

Name of Applicant (First, Middle, Last)	Member ID Number (if applicable)
Address (number and street)	City/State/ZIP
Home Telephone Number ()	Mobile Phone Number ()
E-mail address	Date of Birth
Applicant's Signature	Date

UCC/PB STATUS

Please provide your relationship to the United Church of Christ. If you are applying for someone else, provide their information.

☐ UCC Authorized Minister
 ☐ Spouse/Partner of a UCC Authorized Minister

If you are a surviving Spouse/Partner of a UCC Authorized Minister/Lay Employee, please provide their name and their relationship with the UCC below

UCC MINISTRY INFORMATION

Do you serve or have served in the state of Massachusetts? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the total number of years you have served in the state of Massachusetts?
Name of the last congregation or setting that you served in the state of Massachusetts	Position/Title

Marital Status

☐ Single
 ☐ My Spouse/Partner has died, and I have remarried
☐ Married/Domestic Partnership
 ☐ My Spouse/Partner and I have divorced/separated/dissolved our domestic partnership
☐ My Spouse/Partner has died, and I remain single

Employment Status

In a call or employed by an UCC related entity <input type="checkbox"/>	Unemployed or between calls <input type="checkbox"/>
Fully or partially retired <input type="checkbox"/>	Short/long term disability <input type="checkbox"/>

What is the purpose of your request for assistance?	
Living Expenses <input type="checkbox"/>	Medical Expense <input type="checkbox"/> PBUCC Insurance Premium <input type="checkbox"/>
Funeral Expenses <input type="checkbox"/>	Career Counseling <input type="checkbox"/>
Amount Request:	\$

Please mail or attach any available document(s) that may support your request.

DESCRIPTION OF CIRCUMSTANCES
<p>Please tell us more about the situation(s) that initiated your request for assistance at this time. We know it's not easy to ask for help, so we will review your information with care. Please mail or attach any available document(s) that may support your request. If you are seeking assistance regarding a medical situation, please use general terms to uphold your privacy and do not share specifics.</p>

ENDORSEMENT INFORMATION	
<p>The understanding of the above situation and endorsement of the conference minister or associate conference minister are required to be considered for an emergency grant.</p> <p><u>To receive grant funding, you must have the endorsement of your conference minister</u></p> <p>To complete your request for emergency assistance, this application will be sent to the endorser you identified on this form to confirm support and add supporting notes.</p> <p>Once the endorsement is confirmed, your application will be received by Ministerial Assistance for processing. We are usually able to move forward with the recommendation in a fairly short time.</p>	
Name of Endorser (First, Middle, Last)	Conference/UC Entity
Endorser's Organization	Endorser's Title
Endorser's Phone Number ()	Endorser's Email Address
ENDORSMENT	
<input type="checkbox"/> I endorse this request <input type="checkbox"/> I do not endorse this request	