

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**

<input type="checkbox"/> Single	<input type="checkbox"/> My Spouse/Partner has died, and I have remarried
<input type="checkbox"/> Married/Domestic Partnership	<input type="checkbox"/> My Spouse/Partner and I have divorced/separated/dissolved our domestic partnership
<input type="checkbox"/> My Spouse/Partner has died, and I remain single	

**Employment Status**

In a call or employed by an UCC related entity

Fully or partially retired

Unemployed or between calls

Short/long term disability

What is the purpose of your request for assistance?

Living Expenses

Medical Expense

PBUCC Insurance Premium

Funeral Expenses

Career Counseling

Amount Request: \$

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

#### DESCRIPTION OF CIRCUMSTANCES

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.

#### ENDORSEMENT INFORMATION

**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.**

To receive grant funding, you must have the endorsement of your conference minister

**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.**

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.

Name of Endorser (First, Middle, Last)	Conference/UC Entity
Endorser's Organization	Endorser's Title
Endorser's Phone Number (      )	Endorser's Email Address

#### ENDORSEMENT

I endorse this request

I do not endorse this request