

# The Corinthian Plan

Together, providing health care for pastors and church workers

## Application for Subsidy

from the Fair Balance Fund

1. Name of congregation \_\_\_\_\_
2. Address \_\_\_\_\_  
\_\_\_\_\_
3. Area Conference \_\_\_\_\_
4. Name of person filing out this form \_\_\_\_\_
5. Name of pastor for whom the subsidy is requested \_\_\_\_\_
6. Information about the pastor's family (if applicable)  
Spouse name \_\_\_\_\_ Age \_\_\_\_\_  
Child name \_\_\_\_\_ Age \_\_\_\_\_  
Child name \_\_\_\_\_ Age \_\_\_\_\_  
Child name \_\_\_\_\_ Age \_\_\_\_\_
7. How many hours per week (on average over the last year) is this pastor giving to pastoral ministry in this congregation? \_\_\_\_\_
8. Is the congregation currently providing any assistance to the pastor or his/her family for health related costs? (For example, health insurance premium, cash to help pay for health care costs paid directly by the pastor, pastor reimbursed by the congregation for health care costs, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain below or on the back of this form.

*Continued on back*



9. Total annual offerings/income received by the congregation from local sources and sources beyond the congregation

\$ \_\_\_\_\_

How much was given to the ministry of your area conference over the past year?

\$ \_\_\_\_\_

10. Provide any other information that you think would support this application for a subsidy. (You may use the space below or attach documentation.)

Signature of person filling out this form \_\_\_\_\_

Date \_\_\_\_\_

Telephone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Signature of Conference Representative \_\_\_\_\_

Date \_\_\_\_\_

Role in the conference \_\_\_\_\_

Telephone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Send completed application form by mail, scan to email or fax to:

**E-Mail/Scan:**        [DuncanS@MennoniteUSA.org](mailto:DuncanS@MennoniteUSA.org)

**Mail:**                **The Corinthian Plan, Mennonite Church USA**

**Duncan Smith, Director**

**2400 Simms St., Lakewood, CO 80215**

**Fax:**                 **(316) 283-0454 (Attention Duncan Smith, The Corinthian Plan)**