

Email completed application or any questions to:

MinisterialAssistance@pbucc.org

Via fax: 212.729.2701

call: 800.642.6543, Ext. 2714

website: www.pbucc.org

Massachusetts Board for Ministerial Aid

Application for Emergency Assistance

Applicant's Signature	Date
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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

UCC/PB STATUS

<input type="checkbox"/> UCC Authorized Minister	<input type="checkbox"/> Spouse/Partner of a UCC Authorized Minister
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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	

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

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"/>	

Is this request related to Covid-19?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Amount Request:	\$
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Please mail or attach any available document(s) that may support your request. For example, in the case of requests to cover medical bills or payments to suppliers such as rent, energy bills, etc. You want to attach copies of the invoices pending payment.

DESCRIPTION OF CIRCUMSTANCES
Use this space to describe any special circumstances that necessitate financial support.

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>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>For the sake of privacy, we ask those seeking an emergency grant to address a medical condition to <u>not</u> share the specifics of their condition or procedural needs with us. If we receive a request related to a need for unspecified medical treatment that has been endorsed by conference leadership, it will be considered through our normal processes and criteria.</p>	
Name of Endorser (First, Middle, Last)	Conference/UC Entity
Endorser's Organization	Endorser's Title
Endorser's Phone Number ()	Endorser's Email Address

ENDORSEMENT
<input type="checkbox"/> I endorse this request <input type="checkbox"/> I do not endorse this request
Reason for Decision