

The Pension Boards United Church of Christ, Inc.

475 Riverside Drive Room 1020 New York, NY 10115-0059

р800.642.6543 f 212.729.2701

www.pbucc.org info@pbucc.org

Application for Student Financial Assistance for Children of Deceased or Disabled Clergy

Student's Name (first/middle initial/last)		Date of birth (month/day/year)				
			/	/		
Address (number and street)		City/State/ZIP				
Telephone (with area code)		E-mail address				
() –		Wame of deceased or disabled clergy parent				
Gender □ Female □ Male	Marital status	□ Married	Name of deceased	or disabled clergy parent		
	□ Single					
Church Membership						
Name/address of church of which you are a member						
Pastor's name	Pastor's telephone (<i>with area code</i>) Pastor's e-m		Pastor's e-mail	address		
	()	_		@		
School Information						
Name/address of school you will attend (please attach proof of enrollment)						
Degree program	Expected year of gra	aduation	Status			
			🗖 Full-tin	ne 🗖 Part-time		
Financial Information						
Tuition per			\$			
(please indicate whether per year, semester, trimester, quarter, etc.)						
Room and board per				\$		
(please indicate whether per year, semester						
Books and supplies per	\$					
(please indicate whether per year, semester	ф.					
Other costs (i.e., transportation) per (please indicate whether per year, semester, trimester, quarter, etc.)				\$		
	\$					
Miscellaneous fees (Please describe)				Ψ		
Will you receive any other scholarship(s) or financial aid? 🛛 Yes 🗖 No				\$		
If yes, please indicate the amount in the st	If yes, please indicate the amount in the space provided at right.					

Did you apply for work-study? □ Yes □ No		\$			
If yes, please indicate the amount of your work-study income in the	space provided at right.	<i>.</i>			
Do you receive Social Security income? Yes No	\$				
<i>If yes, please indicate the amount of your Social Security income in th</i> Expected income from employment, other than work-study.		\$			
Expected income from employment, other than work-study.		φ			
Other income, not listed above		\$			
Parent's annual income (if applicable)	\$				
Parent's total savings and investments (not including pension	\$				
Parent's other dependents (not including yourself – use an additional sheet, if necessary, to describe any special circumstances that should be considered)					
Name:	Age:				
Name:					
Name:	Age:				
Name:	Age:				
Name:	Age:				
Student signature	Date				
When you have completed the application, please send it to your Conference Minister for review and endorsement. It is the student's responsibility to make sure the Conference Minister returns the form directly to the Pension Boards.					
Conference	Endorsement				
I hereby endorse this application	for student financial assistanc	ze.			
Signature of Conference Minister					
Conference	Date				

Note to Conference Minister:

If you endorse this application for Student Financial Assistance, please sign, date and return the form to:

Director of Ministerial Assistance PBUCC 475 Riverside Drive Room 1020 New York, NY 10115-0059