



The Pension Boards
United Church of Christ

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

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**Application for Student Financial Assistance
for Children of Deceased/Disabled Clergy**

Student's Name (<i>first/middle initial/last</i>)		Date of birth / / 19	
Address (<i>number and street</i>)		City/State/ZIP	
Telephone (<i>with area code</i>) () -		E-mail address @	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	Name of deceased/disabled clergy parent	
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-mail address @	
School Information			
Name/address of school you will attend (<i>please attach proof of registration</i>)			
Degree program	Expected year of graduation	Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Financial Information			
Tuition per _____ (<i>please indicate whether per year, semester, trimester, quarter, etc.</i>)		\$	
Room and board per _____ (<i>please indicate whether per year, semester, trimester, quarter, etc.</i>)		\$	
Books and supplies per _____ (<i>please indicate whether per year, semester, trimester, quarter, etc.</i>)		\$	
Other costs (i.e., transportation) per _____ (<i>please indicate whether per year, semester, trimester, quarter, etc.</i>)		\$	
Miscellaneous fees (<i>Please describe</i>)		\$	
Will you receive any other scholarship(s) or financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate the amount in the space provided at right.</i>		\$	

Did you apply for work-study? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate the amount of your work-study income in the space provided at right.</i>		\$
Do you receive Social Security income? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate the amount of your Social Security income in the space provided at right.</i>		\$
Expected income from summer employment		\$
Expected earnings during the school year, from sources other than work-study		\$
Other income, not listed above		\$
Surviving parent's annual income (if applicable)		\$
Surviving parent's total savings and investments (not including pension accumulations)		\$
Surviving parent's other dependents (<i>not including yourself – use an additional sheet, if necessary, to describe any special circumstances that should be considered</i>) <ul style="list-style-type: none"> • Name: _____ Age: _____ • Name: _____ Age: _____ • Name: _____ Age: _____ • Name: _____ Age: _____ • Name: _____ Age: _____ 		
Student signature		Date
<i>When you have completed the application, please send it to your Conference Minister for review and endorsement.</i>		
Conference Endorsement		
<i>I hereby endorse this application for student financial assistance.</i>		
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

SFA/2009