



# CENTER FOR LEADERSHIP & STEWARDSHIP EXCELLENCE

## Ministerial Excellence Fund Grant

The Ministerial Excellence Fund (MEF) is designed to help ministers start a retirement fund or reduce the burden of medical expenses. One-time grant requests up to \$1,500 will be considered for eligible AG ministers. **Eligibility:** Open to credentialed AG ministers.

**Requirements:**

- Submit completed application.
- Applicant may be requested to provide additional documents such as proof of medical bill or open an MBA retirement account.
- Applicant will be requested to participate in an education course, at no cost to the applicant.
- The MEF may encourage the applicant's employing church to also consider a contribution to increase the benefit of the grant.

I am applying for assistance with (choose one):  Retirement  Medical expenses

How did you first hear about the Center for Leadership and Stewardship Excellence program?

### CONFIDENTIAL

*This application requests personal & financial information. This information will not be viewed by anyone outside of the application review team and will not be shared with other AG departments or ministries.*

Your First Name: "" Last Name: Age:

Name of Your Church: Your Position:

Credentials Status: Ordained Licensed Certified Years at this Church:

Worship service/s weekend attendance (Adults/Children): Church's annual budget/income: \$

Full Church Address:

Full Home Address:

Email Address:

Cell Phone: Home Phone:

Church Phone: Ext:

Spouse's Name: Spouse's Cell Phone:

Spouse's Email Address:

Applicant's Signature: Date:

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### Applicant's Current Compensation

Total Salary (including housing allowance): \$ \_\_\_\_\_ per year  
If living in parsonage, annual value of parsonage: \$ \_\_\_\_\_  
Other Benefits:  
Employer Retirement Contributions? \$ \_\_\_\_\_ per year  
Company Provided Medical Coverage? \$ \_\_\_\_\_ per year  
Details about coverage:  
Other Benefits or Allowances? \$ \_\_\_\_\_ per year, for: \_\_\_\_\_  
How long has it been since you've received an increase in your compensation? \_\_\_\_\_ years

### Other Household Income

Total of any additional income sources? \$ \_\_\_\_\_  
Details:  
Spouse's annual income? \$ \_\_\_\_\_  
Details:

### Financial Status

Cash/Checking/Savings: \$ \_\_\_\_\_ Retirement Account Balances: \_\_\_\_\_  
Other Assets: Investments? \$ \_\_\_\_\_ Property? \$ \_\_\_\_\_ Other? \$ \_\_\_\_\_  
Details:

### Financial Obligations

Mortgage Balance? \$ \_\_\_\_\_ Monthly Mortgage or Rent Payments? \$ \_\_\_\_\_  
Student Loans Balance? \$ \_\_\_\_\_ Monthly Student Loan Payments? \$ \_\_\_\_\_  
Unpaid Medical Bill Balances? \$ \_\_\_\_\_ Unpaid Credit Card/Loan Balances? \$ \_\_\_\_\_  
Monthly Retirement Savings Contributions? \$ \_\_\_\_\_  
Any other pressing (or future) financial needs/obligations? \$ \_\_\_\_\_  
Details:

*The MEF team will contact the applicant's employing church to partner with us in supporting your financial health. Please provide a contact name below. This contact name is not required to receive a medical grant.*

Designated Leader's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Leadership position at the church: \_\_\_\_\_  
Leader's Cell Phone: \_\_\_\_\_ Leader's Email: \_\_\_\_\_

**Mail or email your application to:**  
Center for Leadership & Stewardship Excellence  
c/o Rollie Dimos, Project Director  
1445 N Boonville Ave. | Springfield, MO 65802  
Phone: 417.862.2781 x 4121 | Email: clse@ag.org

FOR OFFICE USE ONLY:  
Application Year: \_\_\_\_\_ Received On: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewed On: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Approved for \$ \_\_\_\_\_  Declined for \_\_\_\_\_  
Required training completed on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check Sent On: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check #: \_\_\_\_\_