**The Shepherd’s Fund**

**Retired Pastors Benevolence Program**

*Date Conference District*

*Full Name*

*(if spouse of pastor include pastors name here: )*

*Address City*

*State Zip Primary Phone*

*Email*

*Physician’s name and phone number:*

*Total Expected Medical Expense: Expense request for next 12 months:*

*Please indicate the following that apply:*

* *Methodist Pastor, Elder, etc. in Good Standing with your Conference*
* *Retired*
* *Disabled*
* *Other:*
* *Years of Service in Methodist Church \_\_\_\_\_\_\_\_\_*

*Describe the medical situation you have encountered and the financial need you are experiencing as a result.*

*Include information regarding your capacity to meet that need:*

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*I certify that the above is true and correct and authorize the Shepherd’s Fund Committee to consider my statements in application for a grant. If any of the above statements change prior to the grant award being made, I will provide an update to the Shepherd’s Fund Committee.*

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 *Applicant Signature Center for Clergy Excellence Staff*

**Submission Process**

1. Complete the application, sign and submit to The Center for Clergy Excellence in the North GA Conference.
2. The Shepherd’s Fund will review your application in accordance with the Shepherd’s Fund Benevolence Program Guidelines.Based upon the initial assessment by the committee, you will be referred to a Coordinator from Helping Hands, who will gather basic information about your current need to include medical receipts or medical statement from your physician and current budget and financial condition.
3. The Helping Hands Coordinator will advise The Shepherd’s Fund of the financial need while maintaining your personal information in confidence.