

# Financial Health

Solutions for Pastors & Churches

## Choose Your Financial Health Training Plan...

<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3
<p><b>Pastor &amp; Spouse</b> This once-a-month Best Practices online training is done privately in 90-minute sessions over six months. Training Module: <a href="#">Personal Finances</a></p> <p><i>Note: All applications for Plan 1 will be approved. You will be notified about the starting date kickoff webinars for pastors/spouses and pastors/leaders.</i></p> <p>Check out this video from Brian and Mary Ellen Kluth explaining how this online training changed their household finances. <a href="http://Vimeo.com/NAEvangelicals/bmekluth">Vimeo.com/NAEvangelicals/bmekluth</a></p>	<p><b>Pastor &amp; Spouse</b> (same as Plan 1) <b>Pastor &amp; Leaders</b> This once-a-month Best Practices training is done in 45-minute sessions during regularly scheduled meetings over six months. Training Module: <a href="#">Church Generosity</a></p> <p><b>Church Families</b> Congregation reads through the <i>40 Day Journey to a More Generous Life</i> devotional at home.</p> <p><b>Pastor/Staff Appreciation Offering</b> An offering is collected at the end of the 40 days. (Training and materials will be provided on how to collect this offering.)</p> <p><i>Note: All applications for Plan 2 will be approved. You will be notified about the starting date kickoff webinars for pastors/spouses and pastors/leaders.</i></p>	<p><b>Pastor &amp; Spouse</b> (same as Plan 1) <b>Pastor &amp; Leaders</b> (same as Plan 2) <b>Church Families</b> (same as Plan 2) <b>Pastor Appreciation Offering</b> (same as plan 2)</p> <p><b>Financial Assistance Grant Request</b> from <i>Financial Health for All</i> Matching Grant funds to meet a special need.</p> <p><i>Note: All applications will be committee reviewed. If approved, the promised grant will be given following completion of the 6-month training and other requirements. If not approved, you will be automatically approved for Plan 2.</i></p>

I am applying for Financial Health Training: Plan 1:  Plan 2  Plan 3

Your First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Your Church: \_\_\_\_\_ Your Position: \_\_\_\_\_

Full Church Address: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Church Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

Spouse's First Name: \_\_\_\_\_

**For Plan 2**, A designated church leader must review the application, website materials and agree to work with the pastor and selected church leaders to schedule 45-minute training sessions during regular meetings for a 6-month time period.

Leader's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Leadership position at the church: \_\_\_\_\_

Leader's Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Leader's Email Address: \_\_\_\_\_

**If you are requesting Plan 1 or 2, your application is now 100% complete.  
If you chose Plan 3, please complete the next page.**

Please email, fax or mail in your application as soon as possible so we can notify you when the next 6-month training webinar for pastor/spouses and pastor/leaders webinar will be scheduled.

**CONFIDENTIAL - Required Information for Plan #3 Financial Assistance Request**

*GRANT REQUEST INFORMATION: Our denomination has received matching grant funds to provide "Financial Help for Some" from the National Association of Evangelicals and Lilly Endowment. One-time grant requests will be considered for the following special needs (beginning an emergency fund, beginning retirement savings or assistance for school loan debt for approved UB church planters). These grant funds may not pertain to your specific situation, however, participation in Plan #2 will allow every pastor to receive a special Appreciation Offering from their congregation that can be a help and encouragement to their personal finances. The Financial Health for All Best Practices training will also help the church improve its own financial health, generosity and support of their pastor in the future.*

Your First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Church Name: \_\_\_\_\_ Your Position: \_\_\_\_\_ Yrs @ Church: \_\_\_\_\_

Credentials Status: Ordained Licensed

Are you involved with a cluster? (Explain): \_\_\_\_\_

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

Please check the specific area you are requesting assistance for:

- 1. Emergency Fund Jump Start Grant \_\_\_\_\_
- 2. Retirement Savings Jump Start Grant \_\_\_\_\_
- 3. School Loan Repayment Grant \_\_\_\_\_

By checking No. 1, you are affirming that you have not been able to begin an emergency fund for you and/or your family.

By checking No. 2, you are affirming that you need to take a beginning step toward saving for retirement.

By checking No. 3, you are affirming that you are in pursuit of becoming a UB church planting pastor and are dealing with school loan indebtedness.

**Financial Obligations**

Student Loans Balance? \$ \_\_\_\_\_ Amount Needed for Monthly Student Loan Payments? \$ \_\_\_\_\_

Any other pressing (or future) financial needs/obligations? \$ \_\_\_\_\_ Details: \_\_\_\_\_

Pastor Signature: \_\_\_\_\_ Church Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Application Year: \_\_\_\_\_ Received On: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewed On: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved for \$ \_\_\_\_\_ Declined (but accepted into Plan 2 Training and Pastor Appreciation Offering)

6-Month Training Completion Report Received On: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check Sent On: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check #: \_\_\_\_\_