



Hartman/VanFleit Grant Application
Deadline for application is November 1st

Application Date _____	Deacon	Elder	Birth Date _____
Full Name _____			Ordination Date _____
Address _____			Main Phone _____
City State Zip _____			Work Phone _____
Email _____			District _____

FINANCIAL STATEMENT DETAILS

Assets:		Liabilities:	
<u>Current</u>		<u>Current</u>	
Cash on Hand:	Checking \$ _____	Short-term loans	\$ _____
	Savings \$ _____	Credit card debt	\$ _____
Investments (stocks, CDs, not IRAs)	\$ _____	Taxes due (accrued as of today)	\$ _____
Money owed to you	\$ _____	Money owed to others	\$ _____
 <u>Intermediate</u>		 <u>Intermediate</u>	
Car(s)	\$ _____	Student Loan(s) applicant and spouse	\$ _____
Retirement Ccts. (IRA, 401K, etc.)	\$ _____	Car(s)	\$ _____
Life Insurance (cash value)	\$ _____	Home equity	\$ _____
 <u>Long Term</u>		 <u>Long Term</u>	
House	\$ _____	House mortgage	\$ _____
Other Real Estate	\$ _____	Real estate debt	\$ _____
Any other asset	\$ _____	Any other Liability	\$ _____
Total Assets	\$ _____	Total Liabilities	\$ _____
 Net Worth	 \$ _____		

Source of Income for the year

	<u>Applicant</u>	<u>Spouse</u>	Total
Salary	\$ _____	\$ _____	\$ _____
Housing allowance, if any	\$ _____	\$ _____	\$ _____
Honorariums and bonuses	\$ _____	\$ _____	\$ _____
Interest and dividend income	\$ _____	\$ _____	\$ _____
Net income from rentals	\$ _____	\$ _____	\$ _____
Alimony, child support	\$ _____	\$ _____	\$ _____
other	\$ _____	\$ _____	\$ _____
		Total Family Income	\$ _____

Annual Expenses

Housing/utilities	\$ _____		
Food	\$ _____	Loan Payments	\$ _____
Transportation	\$ _____		\$ _____
Clothing	\$ _____		\$ _____
Medical	\$ _____		\$ _____
Entertainment	\$ _____		\$ _____
Donations	\$ _____		\$ _____
Gifts	\$ _____		\$ _____
Personal care	\$ _____		
Phones	\$ _____		
Other	\$ _____		
Total expenses	\$ _____	Total loan payments	\$ _____

Note: Please attach a letter explaining any special circumstances the Gifts and Grants Committee should be aware of when considering your application.

The information on this application has been carefully completed and read by the undersigned and is given for the purpose of securing a grant. I (we) hereby certify that the information contained herein is a correct and accurate indication of my (our) financial condition. I (we) agree to notify the Foundation immediately of any significant changes in our financial condition. I (we) understand the information provided in this grant application may be shared with the Grants Committee, the Conference Cabinet and other committees as necessary to act on my request per the condition of the endowment.

Signatures:

Applicant _____

Date _____

Spouse _____

Date _____