NWD Labor of Love Grant Application

Please print in ink

APPLICANT INFORMATION

_____ _____ _____
Last Name First Middle

_____ _____
Street Address Apt/Unit #

_____ _____ _____
City State ZIP

(_____)_____ -_____ _____
Phone Email

_____ _____
Roster Classification Years of Service

_____ _____
Position Date of Installation (*mm/dd/year)*

Part Time Full Time (Circle One)

CHURCH/SCHOOL (EMPLOYER) INFORMATION

_____ (_____)_____ -_____
Church/School Phone

_____ _____
Address/City/State/Zip Supervisor Name

EDUCATION

College/Seminary 1_____ City/State_____

From: To: Date of Graduation: Degree:

-OVER-

College/Seminary 2_____ City/State_____

From: To: Date of Graduation: Degree:

College/Seminary 3_____ City/State_____

From: To: Date of Graduation: Degree:

EDUCATIONAL LOAN DEBT

Loan Type	**Starting Amount**	**Term | End Year**	**Cur. Balance**	**Monthly Pmt.**
Example: Stafford	*$17,000*	*10 years | 2025*	*$12,750*	*$250*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach the most current loan statement from <u>each</u> lender listed above. *Minimum amount of combined educational indebtedness eligible for grant consideration is $20,000.*

Household Income (including spousal income and housing allowance, if applicable): $ _____/yr.

APPLICANT STATEMENT

(Type your statement on a separate sheet of paper. Maximum word count = 350.)

Please give the committee some further insight into your situation. Thoroughly explain any special circumstances that may have contributed to your current financial hardship (be specific, including dates, times, etc.). Include bank statements as needed to provide detail. This your opportunity to tell your story beyond the information you submitted above.

I certify that all answers are true and complete to the best of my knowledge.

_____ _____

Signature Date