

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.
<i>Example: Stafford</i>	<i>\$17,000</i>	<i>10 years 2025</i>	<i>\$12,750</i>	<i>\$250</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach the most current loan statement from each 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