

# Application - Ministerial Excellence Fund

Debt relief for pastors in the Reformed Church in America - For questions about the application or process, contact Billy Norden - [bnorden@rca.org](mailto:bnorden@rca.org)

\* Required



Welcome to the Board of Benefits Services Ministerial Excellence Fund application. You may need about 60 minutes to complete this application. Please note that this grant is available to ordained Ministers of Word & Sacrament and Commissioned Pastors in the Reformed Church in America (Active, non-retired). Applications should be submitted by February 28. You will need to gather the following information in order to complete the financial information sections within the application.

- General personal information including ministry job history.
- Information about your current church or ministry employer, including budgets and offering (or revenue) totals.
- Individual and household salary and benefits details.
- Financial information including balances for all bank accounts, loans, and credit cards.
- Retirement account information.
- Trusted Ministry Advocate information (Someone from your ministry setting who you can talk to about this grant application. For parish pastors, a LAY LEADER you trust in your church. For specialized ministers, someone in your Classis.)

In addition, you will complete six essay responses, limited to 300 words.

This application has been adapted from the Ministerial Excellence Initiative implemented by the Cooperative Baptist Fellowship.

## What is the Ministerial Excellence Fund, and why is it offered?

The BOBS Ministerial Excellence Fund is an initiative created by the Lilly Endowment to address economic challenges facing pastoral leaders. The Board of Benefits Services of the RCA has matched a grant from the Lilly Endowment to provide up to \$440,000 this year to help pastors get out of debt.

We believe that congregations and ministry settings flourish when pastoral leaders are empowered to minister and lead by becoming financially healthy.

A core value of the Ministerial Excellence Fund is the partnership between Ministers, Congregations, and Ministerial Excellence Fund representatives to overcome the economic barriers that impede their mission.

The Ministerial Excellence Fund equips ministers and congregations by providing a variety of resources including financial education, financial counselors, financial advisors, and grants.

## Grant Details

The BOBS Ministerial Excellence Fund will provide financial planning resources and monetary assistance to pastors to alleviate personal debt. The application will lead the applicant through a process of gathering information regarding their personal employment and financial affairs. The application also asks for commitment to the grant award process, which includes financial counseling sessions or consultation with a financial adviser, and dialogue about the grant with someone in your ministry context. The amount awarded to each applicant will be at the discretion of the Ministerial Excellence Fund committee. Mortgage debt and debt for tuition costs for adult children will not be considered.

Applications will be evaluated based on various criteria such as:

- Ministry employment history and denominational engagement.
- Affirmation of the Grant Covenant.
- Financial need related to debt ratio, health benefits, and retirement planning.

The application is open to all Ministers of Word and Sacrament and Commissioned Pastors in the Reformed Church in America, but consideration for the impact on RCA ministries will be considered when awarding grants.

We acknowledge in this application that these are tumultuous and uncertain times in the life of the Reformed Church in America. Grants given are intended to have a long-term, positive impact on the RCA. If you are considering leaving the RCA, we kindly ask that you not apply for a grant from the Ministerial Excellence Fund.

If there is a question on the application that is not applicable to your circumstances, please note that if possible.

## Trusted Ministry Advocate

Naming a Trusted Ministry Advocate is a vital part of the grant process. For ministers in a parish setting, this must be a lay leader in your congregation. If you are in specialized ministry, you may choose a Classis colleague as your Trusted Ministry Advocate. Before submitting this application, you must ask your Trusted Ministry Advocate if they're willing to serve in this capacity, and you must let them know why you are applying for this grant. You will need to both agree upon a financial growth exercise that you will do together.

Other important details:

- You do not need to share your entire financial circumstances with your advocate. Share with them as you feel comfortable, but at a minimum, let them know why you are applying for this grant.
- Your advocate does not need to be an active member of your Consistory, but should be someone who can advocate on your behalf to church leadership to help meet your needs and achieve your financial goals.
- In past experiences, those who have been asked to serve as a Trusted Ministry Advocate have been honored to serve in such a way, and take their job seriously to care for their pastor. As you select your advocate, think about who might take on the role in this manner.

1. Full Name \*

---

2. Date of Birth \*

---

*Example: January 7, 2019*

3. Home Address (Street, City, State, Zip) \*

---

4. Cell Phone Number \*

---

## Background Information

## 5. Highest Level of Education

*Mark only one oval.*

- College/University
- Masters Degree
- Doctoral or Professional Degree
- Other: \_\_\_\_\_

## 6. College/University Degree and Major or Concentration

\_\_\_\_\_

## 7. College/University Name

\_\_\_\_\_

## 8. Seminary Name (or Ministry Certification Agency)

\_\_\_\_\_

## 9. Are you currently pursuing a higher level of education?

*Mark only one oval.*

- Yes
- No

## 10. If you answered 'yes' to pursuing a higher level of education, explain the field and degree you are pursuing.

\_\_\_\_\_

## 11. Ministry Job Category

*Mark only one oval.*

- Solo Minister
- Lead Minister in a staff setting
- Co-Minister (Both Lead)
- Associate Minister
- Co-Minister (Both Associate)
- Specialized Minister
- Without Charge
- Commissioned Pastor

## 12. How long do you hope to do ministry in your current setting?

*Mark only one oval.*

- 1-2 Years
- 3-5 Years
- 6-10 Years
- Until Retirement
- Unknown
- Other: \_\_\_\_\_

## 13. Indicate your participation in your Classis

*Mark only one oval.*

- I attend all stated sessions and actively serve on a committee or team.
- I attend all stated sessions but do not serve on a committee or team.
- I attend some stated sessions.
- I rarely attended stated sessions.
- Other: \_\_\_\_\_

14. You may provide any other information about your relationship with your Classis here:

---



---



---



---



---

15. Indicate any other denominational committees, bodies, or initiatives you have been involved in.

---



---



---



---



---

16. Are you considering leaving the RCA? \*

*Mark only one oval.*

Yes

No

Maybe

Other: \_\_\_\_\_

**Grant  
Covenant  
Agreement**

The BOBS Ministerial Excellence Fund includes agreements in ways that the participant will take responsibility for their financial health.

To receive the grant money, the following commitments will be made.

Each component of the grant covenant has been carefully designed to benefit the applicant in taking the next step in achieving ministerial excellence in financial matters in their personal life and congregational life (or other ministry context).

### Financial Counseling or Financial Planning

Grant recipients will be referred to a financial counselor for a consultation that will require full financial disclosure. Applicants are welcome and encouraged to work with their own financial adviser, but we require at least one session with our partners at LSS Financial Counseling. The assessment and recommendations of the financial counselor and personal adviser (if applicable) will be submitted before grant funds are paid out. If the applicant wishes to participate in a more robust financial planning process, we can pair the applicant with a team of financial planners for an additional fee. If an applicant wishes to participate in a more comprehensive financial planning process, grant funds can be used for financial planning with Everence.

17. Do you affirm your full participation in financial planning as described above?

*Mark only one oval.*

Yes

No

### Trusted Ministry Advocate

The Trusted Ministry Advocate should be a trusted individual with whom the applicant is comfortable sharing general financial information and participation in the Ministerial Excellence Fund grant activities. At no time will the applicant be required to reveal private financial information to the Trusted Ministry Advocate. For clergy in a parish setting, this must be a LAY LEADER from your congregation. For ministers in a non-congregational setting, the advocate could be a member from the Classis Specialized Ministry Committee or another Classis member. The applicant and Trusted Ministry Advocate should plan on one financial growth exercise they'll do together (financial planning class, monthly check-in conversations about money, read a book together, etc.)

18. Name of Trusted Ministry Advocate

---

19. Email of Trusted Ministry Advocate

---

20. Phone Number of Trusted Ministry Advocate

---

21. Role of Trusted Ministry Advocate in ministry setting (Elder, Deacon, supervisor, committees serving on, etc.)

---

22. Plan for financial growth activity that you and your Trusted Ministry Advocate will do together.

---

---

---

---

---

**Covenant with Trusted Ministry Advocate**

Support from congregations (or ministry colleagues for specialized ministers) will be vital in effecting change in economic challenges facing pastoral leaders such as benefits, salary, and support. Some level of Consistorial or Classis engagement will be required. The confidentiality and dignity of each recipient will be protected with full awareness that personal finance is appropriately a private matter.

Recipients will enlist a Trusted Ministry Advocate for accountability and support. Grant recipients will agree to complete the grant activities. The Ministerial Excellence Fund Committee will agree to confidentiality, support, coaching, and guidance so the grantee can grow in financial health for themselves and their family, and so the grantee can better serve their congregation or other ministry setting. The Trusted Ministry Advocate will pledge confidentiality, accountability, and assistance.



23. Do you affirm your full participation with the Ministerial Excellence Fund Committee and your Trusted Ministry Advocate as stated above?

*Mark only one oval.*

Yes

No

### Stories of Impact

The stories of impact from grant recipients will be the most important aspect to make the Ministerial Excellence Fund a sustainable, long-term resource for pastors in financial crisis. We ask that grant recipients be willing to share via newsletter, video, or speaking at a live event how receiving the grant has impacted their lives.

24. Do you affirm your willingness to share your story for the purposes of fundraising for the grant?

*Mark only one oval.*

Yes

No

Yes, but only anonymously.

Other: \_\_\_\_\_

### Family Information

25. Spouse's Name (If Applicable)

\_\_\_\_\_

26. Spouse's Vocation

\_\_\_\_\_

27. Is your spouse aware of this application?

*Mark only one oval.*

Yes

No

28. Enter the number of your dependents (ages 22 or younger)

*Mark only one oval.*

1

2

3

4

5+

Other: \_\_\_\_\_

29. Names and birth dates of dependents

---

---

---

---

---

30. Do any of your dependents have disabilities with extensive medical or personal care needs?

*Mark only one oval.*

Yes

No

31. How many of your children are in college at this time?

*Mark only one oval.*

0

1

2

3

4+

### Employer Information

32. Name of place of employment.

---

33. Address of place of employment.

---

34. Annual Church/Employer Budget Total (If Applicable)

---

35. Average Weekly Church Attendance (Parish Pastors)

*Mark only one oval.*

N/A

1-99

100-200

201-350

351-500

501+

36. Average Weekly Offering Amount (Parish Pastors)

---

### Applicant Employment Information

37. Current Ministry Job Title

---

38. Current Employment Status for Ministry Job

*Mark only one oval.*

Full Time

Part Time

39. Number of Years in Your Current Ministry Job

---

40. Total number of years in active ordained ministry, or years as an active commissioned pastor.

---

41. Do you have additional employment outside of primary ministry?

*Mark only one oval.*

Yes

No

Other: \_\_\_\_\_

42. Current employment status for job outside of primary ministry.

*Mark only one oval.*

Full Time

Part Time

43. Description of job outside of primary ministry.

---

#### Financial Information

44. What is your primary ministry annual salary, including housing allowance if you own or rent a home?

---

45. If you have a spouse, what is her/his annual salary?

---

46. Estimated Annual Income from Additional Employment.

---

47. Do you receive income from any other sources such as financial gifts and support, trust funds, endowments, property rights, publishing royalties, interest gaining accounts or other?

*Mark only one oval.*

Yes

No

48. If applicable, describe those income sources and approximately how much you receive annually.

---

---

---

---

---

49. Your current housing status. Check all that apply.

*Check all that apply.*

- Own my home.
- Rent my home.
- Reside in a parsonage.
- Own rental property
- Other: \_\_\_\_\_

50. Describe your health insurance plan, including information about employer HSA contributions if applicable.

---

---

---

---

---

51. Check one that applies regarding the consultation of financial adviser.

*Mark only one oval.*

- I am currently consulting a professional financial adviser.
- Although not currently, I have consulted a professional financial adviser in the past.
- I have never consulted a professional financial adviser.

52. Name of your current professional financial adviser. (If Applicable)

---

53. City and State of your current professional financial adviser. (If Applicable)

---

54. Email address of your current financial adviser. (If Applicable)

---

55. Indicate the number of payday loans you have ever received.

*Mark only one oval.*

0

1

2

3

4

5

6

7

8

9

10 or more.

56. Do you currently have a payday loan pending?

*Mark only one oval.*

Yes

No

57. Indicate the total household balance of the checking and savings accounts you hold.

---

58. Indicate the total household balance of the interest bearing accounts you hold. (CDs, Money Market Accounts, Etc.)

---

59. Indicate the total household number of retirement accounts you own.

---

60. Indicate the total household balance of the retirement accounts you own.

---

61. On average, how much money per month do you contribute towards retirement accounts? (Excluding employer contributions)

---

62. Indicate the number of college savings accounts you own. (529, etc.)

---



63. Indicate the balance of the college savings accounts you own. (529, etc.)

---

64. Indicate the number of any other accounts you own, and describe them here.

---

---

---

---

---

65. Indicate the balance of any other accounts you own.

---

66. Indicate the number of mortgage loans you carry.

---

67. Indicate the total balance of mortgage loans you carry.

---

68. Indicate the number of auto loans you carry.

---

69. Indicate the total balance of auto loans you carry.

---

70. Indicate the number of student loans you carry.

---

71. Indicate the total balance of student loans you carry.

---

72. Indicate the total balance of medical debt you carry.

---

73. Indicate the number of credit card accounts you carry.

---

74. Indicate the total balance of credit card debt you carry over on an average month.

---

75. Indicate the number of any other loans or credit lines you carry and describe them here.

---

---

---

---

---

76. Indicate the total balance of any other loans or credit lines you carry.

---

77. If you believe it would be helpful information for the review committee, in this space write your monthly mortgage payment (including taxes and insurance) or monthly rent payment.

**Essay Section**

Please use this essay section as an opportunity to voice your individual needs and circumstances. Each essay is required and is limited to no more than 300 words.

While your information will be saved in the application, unexpected internet and web browser interruptions may cause issues with saving your information. It is highly recommended that you work on the essay section in an offline document and then copy and paste your responses in the space provided below.

78. Describe your specific financial needs to be addressed through the Ministerial Excellence Fund.

---

---

---

---

---

79. Describe your understanding of your call and commitment to long-term ministry.

---

---

---

---

---

80. How do you anticipate this grant to carry your ministry into the future?

---

---

---

---

---

81. How will a Ministerial Excellence Fund grant benefit your current ministry?

---

---

---

---

---

82. What do you foresee as challenges to complete the grant activity requirements?  
(As stated in the covenant section.)

---

---

---

---

---

83. If you do not receive a grant award, what steps could you take independently to change your current financial pressures?

---

---

---

---

---

This content is neither created nor endorsed by Google.

## Google Forms

