



## Application for Pastoral Support

Your Name: \_\_\_\_\_.

Your Title or Relationship to the Pastor:

\_\_\_\_\_.

Phone: \_\_\_\_\_, Email: \_\_\_\_\_,

Mailing Address: \_\_\_\_\_

\_\_\_\_\_.

Name of the Pastor needing assistance:

First Name: \_\_\_\_\_, Last Name: \_\_\_\_\_.

Name of Spouse: \_\_\_\_\_, No. of Children: \_\_\_\_\_.

Pastors Mailing Address: \_\_\_\_\_.

Name of the church he/she pastors:

\_\_\_\_\_.

Church's Phone: (\_\_\_\_) \_\_\_\_\_.

Church's Mailing address: \_\_\_\_\_

\_\_\_\_\_.

What is the nature of this pastor's greatest need? Please circle all that apply:

- a) Financial,   b) Physical/Medical,   c) Emotional,   d) Spiritual,  
e) Family Trauma,   f) Counseling   g) Sabbatical.

In your own words describe the need of this pastor and why you feel He/she should be considered for assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For financial needs, please provide this additional information:  
Approximate total annual income of the pastor. \$\_\_\_\_\_.

Is the pastor receiving any other financial aid from other organizations.  
**Yes or No.**

If yes, please give an explanation as to this financial aid. (Please note, that if this applicant is receiving other assistance, they may not be eligible for financial aid at this time.)

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The members of Kingdom Advancement Ministry feel a great responsibility to God and our donors to be good stewards of the resources we have been entrusted with, to that end, we ask you to honestly answer the next question to the best of your ability. In your opinion, is this pastor a good steward of their money? **Yes or No.**

If the nature of this application is for financial assistance in regards to Kingdom Advancement Ministry paying a bill **directly** on behalf of the pastor, we require a copy of the bill/invoice and mailing address, along with this application.

If the desire is for Kingdom Advancement Ministry to pay the bill **indirectly** (example: write the check out to the pastor personally.) We would require a copy of the invoice as well as a copy of the receipt indicating the bill has been paid.

By signing this document, you agree, that to the best of your understanding and belief, the information you provided above is accurate?

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.