

Winnebago Presbytery
 181 E. North Water Street
 Suite 207
 Neenah, WI 54956

Rev. March 2013

ACADEMIC DEBT REDUCTION PROGRAM APPLICATION

To be completed by the applicant/minister

A. Personal Information

Name _____ Soc. Sec. #. _____
 Date of birth / / Tel () _____
 Home address _____
 City _____ State _____ Zip _____
 Email _____ Fax () _____
 Have you previously received Seminary Debt Assistance? Yes No

List all previous colleges, universities and graduate schools attended.

School	Dates Attended

Marital status Single Married
 Spouses name _____ Number of dependent children _____

B. Seminary Information

Seminary _____
 Address _____
 City _____ State _____ Zip _____
 Date of graduation _____ Date of ordination _____
 Degree obtained _____
 Financial aid officer _____ Tel () _____
 Presbytery of care _____

C. Financial Planning Seminary (*Getting in Shape... Fiscally*)

Have you attended the Board of Pensions Financial planning Seminar? Yes No

Location _____ Date _____

D. Educational Loans (include direct student loans only) as of (date)

Educational Loan	Amount Borrowed	Remaining Principal Balance	Interest Rate
Federal Stafford Loan			
Federal Perkins Loan			
Federal Unsubsidized Stafford			
PC (U.S.A.) Loan			
Other Loans (specify)			
Total			

Please attach documentation (e.g., a recent statement) to verify educational loans.

Are any of the above loans eligible for loan forgiveness programs? Yes No

If yes, which ones? _____

E. Personal Financial Information

Assets	Applicant	Spouse
Cash and checking account		
Savings account		
Certificates of deposit		
Stocks, bonds, etc.		
Real estate		
Other (specify)		
Total		

Do you own a home? Yes No

Balance due on home mortgage _____

Income	Applicant	Spouse
Salary		
Housing allowance		

Utility allowance		
Tax deferred compensation		
Other earned income		
Interest/dividends		
Other income (specify)		
Total		
Expenses	Applicant	Spouse
Rent/Mortgage		
Utilities		
Car loan		
Credit cards (current balances)		
Other debts and financial responsibilities (specify)		
Total		

F. Congregation Served

Name _____ Tel () _____

PIN _____ Date of Call _____

Address _____

Clerk of Session _____ Clerk's tel () _____

Clerk's email _____ Clerk's fax () _____

Is this a full-time position? Yes No

Have you enrolled in the full Benefits Plan based on this service? Yes No

If this is a yoked call, provide additional information regarding the other congregation.

Name _____ PIN _____

Address _____

Tel () _____

Clerk of Session _____

Clerk's tel () _____

Clerk's email _____ Clerk's fax () _____

G. Lending Institution (Provide information so payment may be sent directly to the institution.)

Name _____

Address _____

Account # _____

Any other information required to ensure payment is credited to your account _____

I certify that the information contained in this application is true and correct and I authorize the Winnebago Presbytery Commission on Ministry to discuss this information with my presbytery of care and my seminary.

Signature of Applicant _____ Date _____