

*Ministry*FOCUS recognizes that individuals often assume educational loans in order to serve the Lord and that, for some, such loans often distract from or even undermine their very purpose. As such, *Ministry*FOCUS has established a loan repayment assistance program (LRAP) so that these servants of the Lord can focus more on ministry, and less on money.

Individuals who meet the following critieria are eligible for *Ministry*FOCUS LRAP grants:

1. Currently serve as a rostered church worker of the Lutheran Church—Missouri Synod;
2. Carry at least $20,000 in educational loans.

The following application must be forwarded to [Ken@MinistryFOCUS.org](mailto:ken@MinistryFOCUS.org) no later than 11:59 p.m. Central Time on **December 31, 2019**. All information provided in the application will be kept confidential to a panel assembled to review the applications and make grant decisions. All decisions are final. All grants for this cycle are for a one-year grant period, extending from January 2020 to December 2020. A one-year award from this cycle neither implies nor prevents any future awards.

Grant decisions will be announced in January 2020 and are subject to available funding.

Please also note that insofar as one of the goals of *Ministry*FOCUS is to create greater awareness of the financial challenges facing rostered church workers, as well as greater dialogue between congregations/schools/Recognized Service Organizations (RSOs) and rostered church workers, applicants are encouraged to share their desire to receive a *Ministry*FOCUS grant with an appropriate congregation/school/RSO representative and have that person sign the application where indicated.

Applicants also are strongly encouraged to identify their participation in a personal financial education program, or their planned participation in such a program.

Finally, insofar as the purpose of *Ministry*FOCUS LRAP grants is to help rostered church workers of the LCMS focus more on ministry, all LRAP grants may be canceled immediately should a grant recipient no longer serve as a rostered church worker of the LCMS, subject to the discretion of *Ministry*FOCUS. Grant recipients are required to contact *Ministry*FOCUS within 10 days of any change in employment status.

For further information, please contact [Ken@MinistryFOCUS.org](mailto:Ken@MinistryFOCUS.org).

May God continue to bless you in your service to Him.



Application for Loan Repayment Assistance – 2020

***INFORMATION ABOUT YOU***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Children (ages):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***INFORMATION ABOUT YOUR (APPLICANT’S) STUDENT LOANS***



Are you current in your payments? YES/NO If not, amount past due: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of days past due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***INFORMATION ABOUT OTHER LOANS/DEBT***



***INFORMATION ABOUT ASSETS***

Housing Situation (please circle one): Parsonage/Rent/Own/Other\_\_\_\_\_\_\_\_\_\_\_\_\_

If you own:



Liquid assets (savings, checking accounts, retirement accounts, securities, etc.)



***INFORMATION ABOUT INCOME***



***OTHER INFORMATION***

Personal financial management course(s) you have taken/will take:

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

Date(s) of Completion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a household, we prepare and monitor a family budget: YES/NO

My District President is aware that I am seeking this assistance: YES/NO

MinistryFOCUS may contact your District President regarding this application: YES/NO

***INFORMATION ABOUT THE CONGREGATION/SCHOOL/MINISTRY AT WHICH YOU ARE SERVING***

I verify that I serve as a called worker of the Lutheran Church-Missouri Synod: YES/NO

Congregation/School/Ministry:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congregation/School/Ministry Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LCMS District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My congregation/School/Ministry is aware that I am seeking this assistance: YES/NO

Congregation/School/Ministry representative’s signature:

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

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PERSONAL ATTESTATION***

I attest that all information included in this application is true to the best of my knowledge.

Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

pg. 5***PERSONAL ESSAY***

In the space below, or as an attachment, please share why you are applying for a *Ministry*FOCUS LRAP grant and how receiving such a grant will impact your ministry.