



## Seminary Debt Relief Fund Application

Name \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Church/parish \_\_\_\_\_

Length of service there \_\_\_\_\_

Date of Seminary Graduation \_\_\_\_\_ Member of LCMC since \_\_\_\_\_

Academic History: please list all post-secondary education (college, seminary, other institutions)

Date of Ordination: \_\_\_\_\_

Please attach with this application:

1. A copy of the transcript from your seminary or other professional training.
2. Three references from persons other than your family.
3. A brief "personal statement," outlining your vision for ministry and including your plans and goals for the next 5 years.

Please note that the maximum amount available from this fund is \$5,000 per year and the amount varies from year to year based on availability.

Grants are given to pastors up to 5 years after completion of seminary.

Mail to:  
LCMC  
7000 N Sheldon Rd  
Canton MI 48187