

## Worker Wellness Retreat Grant

### Before you begin...

#### Worker Wellness Retreat Grant Application

##### Tips for completing this form

The following are some helpful tips to get started:

- Add [mail@grantapplication.com](mailto:mail@grantapplication.com) to your address book or safe senders list to ensure you receive all system communications.
- Before filling out the application, you may find it helpful to click the "Printer Friendly Version" button above. This will offer you a preview of all of the questions on the application.
- You may wish to utilize a word-processing tool (i.e. Microsoft Word), then cut and paste your responses into the application.
- You may save and return to your application at a later time by clicking the "Save & Finish Later" button at the bottom of each screen. You may return to your saved application by logging into your "My Account" page at this URL:  
[https://www.GrantRequest.com/SID\\_6104?SA=AM](https://www.GrantRequest.com/SID_6104?SA=AM)
- To move to the next page, please click the "Next Page" button at the bottom of the page or click the page number at the top of the page to go to that page.
- When clicking the "Review & Submit" button, you will be required to review the entire application one final time before clicking the "Submit Application" button at the bottom of the screen.

### Applicant

Prefix	First Name	Last Name
- Select One -		
Roster Status		
Select One		
Street Address (Home)	City	State
		- Select One -
Zip Code		
Home Phone	Mobile Phone	E-mail
Rostered Position		
Occupation	Spouse Full Name	
- Select One -	<i>If single type "unmarried"</i>	

Names and Ages of Dependents

*Include those living in your home, children and other family members.*

**District Information**

District Name

*Full district name where applicant is a member.*

Prefix (for DP)

District President - First Name

District President - Last Name

District President - E-mail

**Please enter the name of the person at the district office with whom you've discussed this application.**

Prefix

- Select One -

District Contact - First Name

District Contact - Last Name

**Assignment Information**

Applicant's Current Assignment

*The information for the entity that has issued your call, such as Congregation Name, Mailing Address, Phone number. If you are candidate status please state that and provide the information from your previous call.*

Post-Seminary Applied Learning & Support (PALS)

Have you participated in PALS in the past five years?

Are you currently a PALS Facilitator?

## Request

### Request Information

Request Title

*Add YOUR LAST NAME after the hyphen below.*

Worker Wellness Retreat -

District Code

### Financial / Need Details

Please enter the estimated total cost of the retreat including travel.

Anticipated district financial support:

Anticipated congregational financial support:

Personal Contribution:

Aid Requested from the Synod:

Narrative explanation of your current financial situation including income and expenses.

*Income (applicant income, spouse income, other sources of assistance).*

*Expenses (rent/mortgage, utilities, food, auto, credit card, loans, health insurance, other monthly expenses).*

Personal Resources

*What personal resources are at your disposal to help meet your financial need?*

I am covered on a health plan through:

*Select from the drop down list.*

Choose One

Describe any circumstances that have created more than an ordinary need for a Church worker retreat.

*In your own words describe the situation.*

Is there anything other than financial assistance that would be helpful to you?

### Retreat/Program Information

Please select a provider from the dropdown list.

Please enter the name and brief description of the retreat or program you wish to attend.

Who will attend the retreat with you? Enter name and relationship.

*For example, if your spouse will attend the retreat program with you, enter "Spouse - Jane Smith." If you are attending alone just enter "not applicable" or "n/a" in this field.*

How many from your household will participate in the retreat?

*Don't forget to include yourself.*

When will you register for the retreat?      Retreat Start Date

Retreat End Date

Which wellness needs do you hope are met through the retreat or program?

*Select all that apply.*

How do you believe this retreat or program will help you in your ministry when you return?

## **Submitting Your Application**

### **Signing your application**

By entering my name and the date in the fields provided, I hereby confirm my official application for a Worker Wellness Retreat grant from The Lutheran Church--Missouri Synod (LCMS). I consent to LCMS sharing an anonymous account of the assistance provided through this program with donors and other Synodical constituents.

I acknowledge that if my application is approved, it may receive partial or full funding. I understand that LCMS will transfer these funds to the District, which will then disburse payment to the retreat provider on my behalf.

I understand that all grant recipients must submit a survey-style report following the retreat, and I commit to fulfilling this requirement.

Furthermore, I certify the accuracy and completeness of all information contained within this application.

Authorized Signer Name

Date

Are you willing to write a thank you note to a donor?

### **Submitting Your Application**

If you are ready to submit your application, click the "Review & Submit" button.

**PLEASE NOTE: You will be asked to review your application one more time, *then* click the "Submit" button.**

If you would like to save your application and finish it at a later time, click the "Save & Finish Later" button. You will need to return to your "My Account" page to access your saved application.

The "My Account" URL is: [https://www.GrantRequest.com/SID\\_6104?SA=AM](https://www.GrantRequest.com/SID_6104?SA=AM)

Bookmark the link, and check your email for instructions on returning to the My Account page.

**Be sure to add [mail@grantapplication.com](mailto:mail@grantapplication.com) to your address book or safe senders list to ensure you receive all system communications.**