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**The Asbury Shepherd’s Fund**

**Retired Pastors Compassion Program**

*For retired pastors who find themselves in financial distress due to unexpected life circumstances.*

*Date: Denomination: Leader:*

*Full Name: DOB \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_*

 *(if spouse of pastor include pastors name here: )*

*Address: City:*

*State: Zip: Primary Phone:*

*Email: SS # (last 4 digits):*

*Physician’s name and phone number:*

*Total Expected Medical Expense: Expense request for next 12 months:*

*Please indicate the following that apply:*

* *Asbury Degree Received*
* *Graduation Year*
* *Retired*
* *Disabled*
* *Other*
* *Years of Service in Ministry*

*Describe the medical situation you have encountered and the financial need you are experiencing as a result.*

*Include information regarding your capacity to meet that need:*

*Please provide contact information for your denomination leadership, to verify good standing in your denomination :*

*I certify that the above is true and correct and authorize the Shepherd’s Fund Committee to consider my statements in application for a grant. If any of the above statements change prior to the grant award being made, I will provide an update to the Shepherd’s Fund Committee.*

*Applicant Signature Asbury Alumni Director Signature*

**Submission Process**

1. Complete the application, sign and submit to your District Superintendent or denominational leader.
2. The committee will review your application in accordance with the Shepherd’s Fund Benevolence Program Guidelines.Based upon the initial assessment by the committee, you will be referred to a Program Coordinator from HH Charitable, who will gather basic information about your current need to include medical receipts or medical statement from your physician and current budget and financial condition.
3. The HH Charitable Program Coordinator will advise the committee of the financial need while maintaining your personal information in confidence.