



## Church Worker in Need Form SOC Covid grant initiative

### Eligibility Quiz:

Do you, the applicant, meet one of the following eligibility requirements for the Soldiers of the Cross grant?

- LCMS-rostered ordained or commissioned minister.
- Surviving spouse of a retired LCMS-rostered ordained or commissioned minister.
- Non-rostered (lay) LCMS district, church, school or RSO employee.
- Church worker from partner church residing in the U.S.

Please check one:                      Yes \_\_\_\_                      No \_\_\_\_

### Where do you serve?

Organization Where You Serve: \_\_\_\_\_

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

City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

### Applicant information

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_                      Date of Request: \_\_\_\_\_

Title: \_\_\_\_\_                      E-mail: \_\_\_\_\_

Requested Aid Amount: \_\_\_\_\_ (up to \$2,000.00)

Request Details

Reason/Explanation of Need:

Personal Resources:

List any other organizations you have applied to for support:

Authorizaton

By signing my name and title in this document, I certify that I am officially applying for a Soldiers of the Cross Grant from The Lutheran Church – Missouri Synod. I further certify all information contained in this application has been completed accurately.

Applicant (Electronic) Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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

Please email completed form to [cody.dodson@in.lcms.org](mailto:cody.dodson@in.lcms.org)

District Use Only:

Considerations & Notes:

