

COVID-19 Soldiers of the Cross Grant Application

LCMS District: Kansas

CONTACT AND EMPLOYMENT INFORMATION

Fill in the blanks completely and accurately.

Where do you serve? (name of the church, school, RSO, or other organization where you serve)

Organization Mailing Address

City

State

Zip

About the Applicant

Prefix

First Name

Last Name

Phone Number

Personal Mailing Address

City

State

Zip

Title (The position you hold; for example, pastor, teacher, DCE, deaconess, etc.)

Email

GRANT REQUEST DETAILS

Fill in the blanks completely and accurately.

Date Assistance Needed

Reason for Need *(Provide a basic summary of your situation and need.)*

Personal Resources *(What personal resources are at your disposal to help meet your need? Examples include, but are not limited to, spouse's income, savings, and additional employment.)*

Number of Dependents

Estimated percentage decrease in 2020 gross household salaries/wages *(Including housing allowance)*

List any other organizations to which you have applied for support. Include Synodical, governmental, and other entities. Also state the amounts requested and the status of the requests (e.g., pending, granted, denied.)

AUTHORIZATION

Fill in the blanks completely and accurately.

By entering my name and title in the fields below, 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 the application has been completed accurately.

Authorized Signer Name

Title

Date

Information Sharing

By checking this box, I agree that the LCMS and the Kansas District may share an anonymous account of the aid rendered with donors and other Synodical constituents.