

The Intentional Interim Ministry Support Fund  
Of the Illinois Conference, UCC, the Illinois South Conference, UCC,  
and The Christian Church (Disciples of Christ) Illinois/Wisconsin  
Application Form for a Grant For Financial Assistance

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. (Res.) \_\_\_\_\_ (Office) \_\_\_\_\_

E mail \_\_\_\_\_ Fax \_\_\_\_\_

Ministerial Standing In (name) Association/ Region \_\_\_\_\_

Site of Last Interim \_\_\_\_\_

Address \_\_\_\_\_

Association/Region site \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ To (anticipated) \_\_\_\_\_

I affirm that I am in full standing with The Christian Church (Disciples of Christ)/ or United Church of Christ and having served in interim ministry at churches that have contributed to the Support Fund, I am eligible to draw on this fund. I understand I am limited to draw on this fund from one to three months after my last day of service at my present church site.

I seek financial assistance from the fund for the following: (please check and indicate amount)

\_\_\_\_ Health/Medical Insurance \$ \_\_\_\_\_  
\_\_\_\_ Income (based on salary of last site) \$ \_\_\_\_\_  
\_\_\_\_ Pension \$ \_\_\_\_\_

I seek financial assistance to cover the time period from (date) \_\_\_\_\_ to (date) \_\_\_\_\_

I understand that if I begin work within the three-month support period, I will negotiate with the new church or agency a pro-rated repayment to this Fund for medical/health insurance payments and pension contributions and salary from the date of re-employment. Payments will be made within thirty days of reemployment.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Association/ Regional Minister \_\_\_\_\_ Date \_\_\_\_\_

ATIIM Representative \_\_\_\_\_ Date \_\_\_\_\_