

CHAPLAIN'S FUND

Application

Please answer each question fully; we cannot accept applications with unanswered questions.

Your name _____

Your college department and your hourly wage _____

How long have you worked at Middlebury College? _____ (minimum 1 year required)

How do you prefer to be contacted, by phone or by email? Please provide an email address and/or phone number. _____

Grants made through the Chaplain's Fund are contingent upon agreement by the applicant to participate in the confidential "My Secure Advantage" Money Coach program. The Money Coach program is designed to help participants reach personal financial goals, including financial stability. Information about the MSA Money Coach program is available from Human Resources or the Chaplain's Office.

1. Please describe your financial emergency. What has caused this emergency? Why are you experiencing financial difficulties?

2. How much do you need? \$ _____

3. Are there any other sources of help that you anticipate getting (GoFundMe campaigns, etc.)?

4. What will the money be used for? *Please attach copies of bills or estimates.*

5. What else have you tried to solve the financial problem? Are there relatives or friends who can help you out? Have you applied for a loan?

6. What can you do to reduce your expenses?

7. Comments and additional information.

8. Please complete the expense and income worksheet on the following page.

Your home mailing address: _____

Signature: _____ Date: _____

****** Please note: You must submit copies of bills or estimates for which you are requesting help.**

Please return this form to Ellen McKay at the Chaplain's Office, 135 South Main St. Fax 443-2772.

Grant assistance through the Chaplain's Fund is considered taxable income and as such will be recorded as imputed employee income to ensure federal, state, Medicare and social security taxation.

Chaplain's Fund/Fuel Assistance Income and Expense Worksheet

Your name: _____ College Dept. _____

Please list all members of your household, both children and adults, with their ages _____

Today's date: _____

Please complete the worksheet below. This information will enable the Chaplain's Fund Committee to better determine your specific needs. Thank you.

INCOME (monthly)	
Take Home Pay (for each family member)	
Child Support/Alimony	
Pension/Social Security	
Disability/Other Insurance	
Other	
Total Income	
EXPENSES (monthly)	
Mortgage (include taxes, principal, and insurance)	
Rent	
Other Loan Payments (i.e. consumer loan)	
Car Payments	
Credit Card Payments	
Homeowner's Insurance or Rental Insurance	
Car Insurance	
Other Insurance	
Utilities (fuel, water, electric)	
Car Upkeep (gas, maintenance, etc.)	
Phone and/or Cell Phone	
Cable/Satellite/DSL/Internet	
Groceries	
Food Outside the Home (restaurant meals and carryout)	
Clothing	
Miscellaneous: (please list): _____	
Medical/Dental/Prescriptions	
Child Care	
Recreation/Entertainment	
Total Monthly Expenses	
Remaining Income After Expenses (Subtract Total Income from Total Expenses)	

updated 11-16-2020