

**JOHN KNOX PRESBYTERY
APPLICATION FOR A GRANT FROM THE
CANDIDATE EMERGENCY CARE FUND**

While it is understood that this is a grant that does not have to be repaid, we hope that all recipients will at some future date contribute something to this fund so that other students may be helped as they were.

NAME _____

CURRENT ADDRESS _____

PHONE(S) Home () _____ Other () _____

DESCRIBE IN DETAIL THE SITUATION FOR WHICH YOU ARE REQUESTING THIS ASSISTANCE. (Attach separate sheet if you wish.) The more details the better.

(Over)

NAME AND ADDRESS OF DOCTOR, DENTIST, MECHANIC, RELATIVE, ETC. As appropriate for your request.

TOTAL EXPENSES \$ _____
AMOUNT YOU ARE REQUESTING \$ _____

Note: In order to extend our funds as far as possible, we hope you are also requesting funds from other sources you may know about. Maximum request is \$1500.00.

In making this application, I understand additional information may be requested by those reviewing it.

SIGNATURE _____ DATE _____

NAME OF SEMINARY _____
CLASS (circle one): JUNIOR MIDDLE SENIOR

NUMBER OF CREDITS I AM TAKING THIS SEMESTER _____

FAX or mail this application to:

Candidate Emergency Care Fund
The John Knox Presbytery
P.O. Box 350
Richland Center, Wisconsin 53581
FAX (608)647-3886
PHONE (800) 424-7935 (IA, MN and WI)
(608) 647-8828

If at all possible, we will have a response for you within seven days following receipt of your application.