

# MINISTERIAL SALARY SUPPORT APPLICATION

## Christian Church (Disciples of Christ) in Indiana

A. Congregation \_\_\_\_\_

Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Date \_\_\_\_\_

1. How many interest groups exist in the congregation?  
(i.e., Men's Ministries, Christian Women's Fellowship,  
singles, Chi Rho, etc.) \_\_\_\_\_
2. Indicate the number of your present members who attend  
worship, church school, and interest group activities  
on a weekly basis. \_\_\_\_\_
3. Attach a copy of the last 5 years of Year Book figures  
For the congregation.
4. List the actual expenses for Professional Ministry for the  
Last 2 years:

	200__	200__
Basic Salary	_____	_____
Housing Allowance (if applicable)	_____	_____
Utilities	_____	_____
Subtotal	_____	_____
<u>Expenses</u>		
Auto	_____	_____
Convention	_____	_____
Books	_____	_____
Continuing Education	_____	_____
<u>Benefits</u>		
Pension Fund	_____	_____
Health Care Insurance	_____	_____
Other	_____	_____
Total Package	_____	_____

5. Please submit a budget for the last 2 years and any projected budget that might be appropriate.



By submitting this request, the congregation agrees to an evaluation consultation with the Commission on Evangelism and Church Development between two to three months prior to the granting of the request. It should consult with the Area Associate Regional Minister prior to submitting a request.

\_\_\_\_\_  
Congregation

\_\_\_\_\_  
Board Chairperson

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
E-mail

Associate Regional Minister \_\_\_\_\_

Date of Consultation \_\_\_\_\_

(Please attach Year Book information and necessary budget documents.)