



**Financial Assistance**  
**Rev. Thomas and Kathleen**  
**Street Endowment**

This endowment has been established through donations made to the Congregational Foundation from Dr. William and Lorraine Street, for the sole purpose of supporting

the National Association of Congregational Christian Churches (NACCC) ministers and their families.

**PURPOSE STATEMENT**

This endowment will be used to directly support the National Association of Congregational Christian Churches (NACCC) ministers and their families. Eligible ministers are those who have a financial need and who currently are serving in an active NACCC church, or prior to retirement served as a minister in a NACCC affiliated church. This Endowment support will not substitute for the church's financial responsibilities to its Minister.

**GRANT APPLICATION**

**Application Deadline:** Grants will be awarded annually on a first come need basis. Once the available funds are used, applicants will be informed and if the financial need still exists, will be encouraged to apply the following fiscal year. Fiscal Year is April 1- March 31<sup>st</sup>.

**Minister Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Minister Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Church Name** (currently serving or retired from) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Church Phone number \_\_\_\_\_

---

**Attach a brief description that includes the following:**

- Clearly explain your financial need and how this award will benefit you and/or your family.
- State the amount you are requesting.
- Have you spoken with the Executive Director? If so, summarize the conversation and/or attach the email correspondence.

MINISTER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please scan and email to: [Church Services Coordinator](#)

Or mail:

**NACCC / Church**  
**Services Coordinator**  
**PO Box 288,**  
**Oak Creek, WI 53154**