



LUTHERAN PASTORS' ASSISTANCE FUND

Ministering to the Ministers of the Gospel

We understand there can be times in life that hit us hard financially and unexpectedly. A serious health or family issue, a costly repair or emergency situation can add financial strain to our situation. If you are a Lutheran Pastor (active or retired) or surviving spouse of a Lutheran Pastor who served in Southern California and who meets the criteria below, then we may be able to grant you a gift of funds provided by generous supporters of this ministry. We know this can be a sensitive matter, so your request will be kept in strictest confidence. Depending on the specific need and availability of funds, this gift usually ranges from \$500 to over \$1,000. Lutheran Social Services of Southern California administers this private fund for a Lutheran couple who have a heart for the work of our parish ministers.

If you qualify, please fill out the attached form and submit it to the attention of the LSS-SC Foundation by emailing Ellen Waild, Executive Vice President, at ewaild@lssc.org. You can also mail the completed form to the address given on this correspondence to her attention.

Eligibility Requirements

An individual may be eligible to receive assistance from this fund if he or she is a working or retired pastor and meets these criteria:

- Is an ordained Lutheran Pastor.
- Was called as a Pastor in Southern California at any point to the present or prior to retirement.
- Is a surviving spouse of a retired Pastor who met (meets) the above criteria.

Individuals Not Eligible

Persons receiving government housing assistance and/or Medicaid or Medi-Cal should not apply as it might reduce or eliminate your government assistance benefits.

Application Process

If you OR someone you know meets the eligibility requirements, please complete the application available on-line at www.lssc.org. You may also contact Ellen Waild to receive an application or to discuss program eligibility: (714) 244-4270 (office) or ewaild@lssc.org.



APPLICATION

Lutheran Pastors' Assistance Fund

Name of applicant: _____

Social Security: _____ **Date of Birth:** _____

Name of spouse: _____

Social Security: _____ **Date of Birth:** _____

Affiliation with the Lutheran Faith: _____

Address: _____

Phone: _____

Email: _____

Fund amount requested: _____

The reason for your request: _____

The date by which the money is needed: _____

The best time of day to contact you: _____

Additional Notes/Comments: _____

Mail or email completed application to:
Lutheran Social Services of Southern California
Lutheran Pastors Assistance Fund
247 E. Amerige Ave, Fullerton, CA 92832
Attn.: Ellen Waild, ewaild@lssc.org