



## 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@lsssc.org](mailto:ewaild@lsssc.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.lsssc.org](http://www.lsssc.org). You may also contact Ellen Waild to receive an application or to discuss program eligibility: (714) 244-4270 (office) or [ewaild@lsssc.org](mailto:ewaild@lsssc.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@lsssc.org](mailto:ewaild@lsssc.org)