



PLEASE SAVE THIS FILE TO YOUR DESKTOP BEFORE YOU FILL IT OUT, AS OTHERWISE YOU MAY ENCOUNTER DIFFICULTIES SAVING IT WITH YOUR ENTRIES INTACT. EDIT IT IN ADOBE ACROBAT (NOT IN YOUR BROWSER).

Critical Clergy Needs Fund

Medical/Dental or Other Non-Medical Need Application

Requests for critical needs may include expenses related to severe illness or other family crises; lapsed medical insurance premiums; financial emergencies caused by unemployment of clergy, unusual medical or dental expenses and other needs of a critical nature. The request should indicate a specific amount.

Applicant Contact Information

Date	
Name	
Mailing Address	
Email	
Phone(s)	
Parish/Institution/Retired	

- Applying for a grant to Individuals for Critical Needs – please provide details on page 2.
- Applying for a grant for Unreimbursed Medical and/or Dental expenses – please provide details below.

Procedure or Institution	Total Expense	Amount paid By Insurance	Amount Requested

Total Requested	
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Please upload along with this application a copy of the bill and the Explanation of Benefits from the insurance company, Medicare, etc., and any other supporting documents (See instructions at bottom of this form).



The
Episcopal Diocese
of New York

Grants to Individuals for Critical Needs: Details

Instructions for Submitting Your Application

Please first save your completed application to your desktop and give the file a short descriptive name, such as "F-Lastname-Tuition" or "F-Lastname-Medical".

Long file names may cause errors.

Then upload it and **any supporting documents** to the diocesan website at:

www.diocesenyn.org/ccn-form/

For more information, including contact details, please visit

www.diocesenyn.org/administration/for-clergy/critical-clergy-needs/ .