

EPISCOPAL DIOCESE OF PITTSBURGH

Clergy Assurance Fund

Wellness Grant Application



Each year, the Diocese receives an allocation of funds from the Clergy Assurance Fund (formerly the Widows Corporation) to be used to assist diocesan clergy and their families with costs related to:

- medical procedures,
- prescription drugs,
- counseling sessions,
- spiritual direction sessions for active clergy, and
- other medical, mental, or behavioral health products and services.

Wellness Grants provided from these funds are intended to support clergy wellness. Grant amounts vary, based on both the needs expressed and the amount of available funds. As much as feasible, grants will be awarded on a first come, first serve basis while taking care to ensure that funds remain available throughout the funding year, which runs from April through March.

Spiritual direction support is available for active clergy up to \$30 per month for a 12-month period. Receipts or documentation of payment is required. This is available for one 12-month period per clergy.

Please complete the form below and on the following pages as thoroughly as possible to aid in our evaluation of your request.

(Note: The information provided will be shared only with the bishop and select members of diocesan staff who are responsible for the evaluation of these applications and the allocation of funds.)

Clergy Name: _____

Clergy Address: _____

Phone Number: _____
(Best number at which to reach you for discussion of this request)

E-mail Address: _____

1) Describe briefly (1-2 sentences) the purpose of this request.

2) Describe, in as much detail as you are comfortable providing, the event(s) or circumstance(s) that have precipitated this request.

3) What is the total cost that you have incurred, or expect to incur, because of the circumstances described in (2) above?

4) What is the grant amount that you are requesting? _____

5) Explain how you arrived at the amount in (4) above. Provide a breakdown of the costs, in as much detail as possible, and attach any supporting documentation (invoices, statements, etc.).

6) List any other forms of assistance that you are receiving or seeking, such as reimbursements from your insurance company.

Please submit this application via email to:

Elaine Zevkovich at ezevkovich@episcopalpgh.org

OR via U.S. Mail to:

Elaine Zevkovich

Episcopal Diocese of Pittsburgh

325 Oliver Avenue, Suite 300

Pittsburgh, PA 15222

Note: For matters of an *especially* sensitive and confidential nature, requests may be sent directly to the bishop at ksolak@episcopalpgh.org.