

Church Workers

Financial Assistance is Available

*Another block of COVID-19 Emergency Grant funds is now available
Applications will be accepted through July 31, 2021*



Employees of churches, districts and camps who are struggling financially due to the economic conditions created by the pandemic are encouraged to apply for financial assistance. If you have already received financial assistance through BBT's COVID-19 Emergency Grant and need additional help, you are eligible to reapply for the fourth round of funding. Please use the application on page 2.

Application Period

April 1, 2021 through July 31, 2021.

Who is eligible?

The fund is available to active employees of a church, district, or camp, who have been employed for at least 5 years. Those applicants with less than 5 years tenure are encouraged to apply and will be considered on an exception basis.

How to apply:

1. Simply complete a streamlined application and describe the nature and amount of their need.
2. Each application requires the affirmation of the appropriate District Executive. BBT staff will reach out to that District Executive for any application that does not include their affirmation.
3. BBT staff will review each application for need and determine if it falls within the COVID-19 Emergency Relief underwriting guidelines. If so, payment will be issued as quickly as administratively possible.
4. If an applicant does not qualify under the emergency guidelines, they may be referred to BBT's standard Church Workers' Assistance Plan application process.



Direct inquiries:

Debbie Butcher (847) 622-3391 • pension@cobbt.org

COVID-19 Emergency Relief 4



1505 Dundee Avenue • Elgin, IL 60120-1619 • 800-746-1505
847-695-0200, ext 3391 • Fax 847-622-3399 • www.cobbt.org

Church Workers' Assistance Plan Application Form for Individual Use

Effective: 04-01-2021 - This grant is for personal use, not a congregation grant.

Name: _____ Gender: M F

SSN: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

Marital Status:

Single Married: _____ Name of Spouse _____ Spouse Died: _____ Date _____

Number of people in household: _____ District Name: _____

Church Name: _____

Present Living Situation

Own Rent Live with extended family Parsonage Assisted living facility

Please indicate your current employment status. Currently Employed: _____ Other: _____

Current Employer Name: _____ Hire date: _____

Current Employer Address: _____

How many years have you worked for a Church of the Brethren congregation, district, or camp? _____

In a few words please describe how your finances have been affected by the COVID pandemic and the reason for the amount requested. (Attach an additional page if necessary.)

Please note: Depending on the circumstances of your application, we may ask for other documentation. By signing with a digital, typed or ink signature you are attesting that the information provided in this application is accurate and complete and that no other financial assistance is available to you. Failure to provide complete and accurate information may result in your application being disqualified and/or loss of benefit.

Signature of Applicant

Date Signed

Signature of Preparer / Relationship to Applicant

Phone Number of Preparer