

EMU.NJ
CONFIDENTIAL INCENTIVE
APPLICATION
MINISTERIAL EXCELLENCE FUND (MEF)
2021



DATE _____

YOUR FULL NAME _____

YOUR PERMANENT ADDRESS _____

PHONE _____

EMAIL _____

BIRTHDATE _____

SOCIAL SECURITY NUMBER (needed to complete Form 1099) _____

MARITAL STATUS:
____ Married ____ Divorced ____ Widow/Widower ____ Single ____ Other

NAME OF SPOUSE IF MARRIED

CONGREGATIONAL MEMBERSHIP _____

I CONTRIBUTE \$_____ TO MY CONGREGATION ANNUALLY.

THIS REPRESENTS A GROWTH IN GIVING FROM LAST YEAR ____ Yes ____ No

THIS CONTRIBUTION IS: (Circle one)

1. Less than I would like to give
2. A satisfactory level of giving

Rev. Fred Becker, EMU Coordinator

September 2021

Rev. John Holliday, MEF Administrator

1930 State Highway 33, Hamilton Square, NJ 08690

Phone 609-586-6800 www.njsynod.org/emu

3. More than I feel comfortable sharing

I AM CURRENTLY ☐ Called by a congregation
☐ Called to serve on synod or Churchwide staff
☐ Called to specialized ministry
☐ My call is (circle one) Full-time Part Time
☐ Bi-vocational
☐ On leave from call

RESIDENCE: ☐ Parsonage ☐ Own my home ☐ Rental Property

INCOME:

- a. I LIVE IN CHURCH OWNED HOUSING. MY ANNUAL CASH SALARY (including any Social Security offset, furnishing allowance, etc.) IS: \$ _____
- b. MY CASH COMPENSATION INCLUDES A HOUSING ALLOWANCE BECAUSE I DO NOT LIVE IN CHURCH OWNED HOUSING. MY ANNUAL CASH COMPENSATION (including Social Security offset, furnishing allowance, etc.) IS: \$ _____
- c. I HAVE INCOME FROM OTHER EMPLOYMENT TOTALLING: \$ _____

PORTICO HEALTH BENEFIT PLAN

☐ Waived Benefit: Covered by alternate Health Insurance
☐ Platinum Plan
☐ Gold+ Plan
☐ Silver Plan
☐ Bronze Plan
☐ Medicare Supplement

RETIREMENT CONTRIBUTIONS

	2020	2021
Congregation	\$ _____ or _____ %	\$ _____ or _____ %
Pastor	\$ _____ or _____ %	\$ _____ or _____ %
Housing Equity Added	\$ _____ or _____ %	\$ _____ or _____ %

FLEXIBLE SPENDING ACCOUNT CONTRIBUTIONS

	2020	2021
FSA for Health Care	\$ _____	\$ _____
FSA for Day Care	\$ _____	\$ _____

Health Savings Account \$ _____ \$ _____

PASTOR'S EDUCATIONAL DEBT OBLIGATIONS for Bachelors and Master of Divinity Degrees

TYPE OF LOAN OBLIGATION(S) Traditional payment plan
Income Based Repayment

BALANCE OF (ALL) LOAN OBLIGATION(S) \$ _____

ANTICIPATED DATE OF LOAN REPAYMENT OR FORGIVENESS

MONTHLY EDUCATIONAL LOAN PAYMENT \$ _____

SPOUSE'S EDUCATIONAL DEBT OBLIGATIONS (optional)

TYPE OF LOAN OBLIGATION(S) _____ Traditional payment plan
 _____ Income Based Repayment

BALANCE OF (ALL) LOAN OBLIGATION(S) \$ _____

ANTICIPATED DATE OF LOAN REPAYMENT OR FORGIVENESS

MONTHLY EDUCATIONAL LOAN PAYMENT \$

IN 2021 I HOPE TO ACCESS THE FOLLOWING PROFESSIONAL SERVICES:

(Circle all that apply)

1. Attorney
2. Accountant
3. Debt Counselor
4. Estate Planner
5. Financial Planner
6. Tax Preparation Professional
7. Other

HOW WILL INCENTIVES FROM THE MINISTERIAL EXCELLENCE FUND SUPPORT AND BENEFIT YOUR WORK IN MINISTRY?

WHAT WOULD HELP YOU TAKE THE NEXT STEP TOWARD EXCELLENCE IN MINISTRY?

HOW MIGHT MEF STRENGTHEN YOU IN SERVING A CONGREGATION DURING TIMES OF PERSONAL CHALLENGE?

I am applying for the following incentives through the EMU.NJ Ministerial Excellence Fund

_____ 2021 Educational Debt Incentive

I have read and understand The Ministerial Excellence Fund Overview.

I understand that I must provide substantiating documentation related to material shared in this application upon request from the MEF Team.

I understand participation in EMU events and activities is a condition of continuing support from the MEF.

I understand that I will be responsible for any tax liability incurred as a result of receiving an MEF incentive.

Signature of Applicant

Date

Please mail your completed application to:

**New Jersey Synod
EMU - MEF
1930 State Highway 33
Hamilton Square, NJ 08690**