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 or surviving spouse of a Lutheran Pastor in Southern California 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 administers this private fund for a Lutheran couple who had 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 at 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. You may also contact Ellen Waild to receive an application or to discuss program eligibility: (714) 244-4270 (office) or 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: _______________________________

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