

Make sure to obtain the necessary approval from both your congregation and your presbytery before submitting this form.

Applicant				
Name				
Address				
City		State	ZIP	
Phone	Email			
Amount requested				
Have you previously taken a sabbatical? □ Yes □ No				
If yes, give the date(s) and the length of time.				
Proposed dates of upcoming sabbatical				
Congregation  If you serve more than one congregation, attach a separate sheet for additional information.				
Name				
Address				
City		State	ZIP	
Phone	Email			
Authorization				
Has the Session of your congregation approved your sabbatical leave?   Yes   No				
Clerk of Session signature			Date (mm/dd/yyyy)	
Name Phone		Phone		
Presbytery				
Name				
Contact person				
Position				
Phone	Email			
Authorization				
Does your presbytery have a sabbatical policy? □ Yes □ No				
Authorized signature			Date (mm/dd/yyyy)	

Complete and email this form to the Board of Pensions at memberservices@pensions.org.



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### Sabbath Sabbatical proposal

At least 250 words; fewer than 1,000.

#### First time submitting a proposal?

Follow the guidelines below.

#### Already submitted a proposal for this sabbatical to another grant-making organization, e.g., presbytery?

You may attach your previously submitted proposal.

#### A successful proposal will clearly:

- Identify a theme or intention that runs through your proposed activities
- Describe specifically how those activities will help you realize that theme or intention
- Explain why these activities are important and how they will renew you spiritually in your calling as a minister

### Your proposal should include the following (see samples of these items on the following pages):

- Summary statement: Describe the nature and purpose of your proposed sabbatical.
- Sabbatical narrative: Provide a clear rationale for your sabbatical proposal. Keep in mind the definition of sabbatical from the Office of the General Assembly as "this 'extended time' is qualitatively different from 'vacation' or 'days off.' It is an opportunity for the individual to strategically disengage from regular and normal tasks so that ministry and mission may be viewed from a new perspective because of a planned time of focus."
- Timeline, travel, and funding: Detail the activities and timeline for your sabbatical. Include a brief description and a rationale for each of these activities. List in sequence the proposed date(s) for each activity and the names of any family members or associates who will attend or travel with you as a part of your sabbatical. Include estimated total sabbatical cost, budget, and all funding sources. Note: If you have existing funding that exceeds \$25,000, you will not be eligible for a grant.
- Mutual benefit: Describe how this time will benefit you and your congregation.

### **Applicant authorization**

I agree to abide by the terms and guidelines of the Sabbath Sabbatical Support Program, and I authorize the Board of Pensions to discuss and share details of this proposal as it determines.

I also agree to provide a post-sabbatical summary report to my congregation's session, my presbytery, and the Board of Pensions' Assistance Program.

Applicant signature Date (mm/dd/yyyy)

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Sabbath Sabbatical proposal		
At least 250 words; fewer than 1,000.  Summary statement: Describe the nature and purpose of your proposed sabbatical below.		

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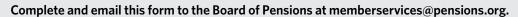


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For purposes of this sample application, only weeks one and two are listed. An application submitted to the Board of Pensions would require a breakdown of each week of the sabbatical.

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### **Authorization for Direct Deposit**

Complete the Authorization for Direct Deposit form to authorize the electronic deposit of your benefit payment. This form must be received by the Board of Pensions no later than the 10th of the month to be effective the first of the following month.

Your personal information				
Name (first, middle, last)	Last 4 digits of SSN			
Account information				
Name of financial institution				
Routing number (9 digits)				
Your bank account number				
Account type:				
☐ Checking account				
☐ Savings account				
Authorization				
On behalf of myself, my legal representative, and my executor or administrator, I authorize the electronic deposit of my benefit and/or Assistance Program grant payment to the account listed above. I agree to repay the Board of Pensions any benefit amount erroneously credited to my account, and I authorize the Board of Pensions to offset from my account and/or any death benefit payable to my estate, survivors, designated beneficiaries, or heirs at law any amount erroneously credited to my account under this authorization. This agreement shall survive the termination of the direct deposit authorization.				
This authorization shall remain in effect until the Board of Pensions receives written notification from me of its termination in such a time and manner as to afford the Board of Pensions and the financial institution named above a reasonable opportunity to act on it.				
Authorized signature (required)	Date (mm/dd/yyyy)			
If this form is being completed by a legal representative, include the supporting documents, if not previously submitted.				

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