Help In Service Fund Application Form

Association of Free Lutheran Congregations
763.545.5631
Updated 1/1/2026

The purpose of the HIS Fund is to assist AFLC pastors, AFLC Missionaries, and AFLC Corporation Employees financially. Any money distributed is done so as a gift. Repayment is not expected.

The application must be fully completed to be considered.

Full Name:_____ Phone #:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Email Address:_____

Check One: _____AFLC Pastor _____AFLC Missionary _____AFLC Corporation Employee (list Corp:_____)

Explanation of Need:

_____
_____
_____
_____
_____

(Additional information may be requested)

Amount Requested $:_____ Date Funds Are Needed:_____

Provide Name, Address & Phone Number of each Party to Whom Requested Funds will be paid:

_____
_____
_____

What steps have been taken to obtain financial assistance from non-church sources?

_____
_____
_____

How will you meet this (these) financial obligations going forward?

_____
_____
_____

Has the Applicant received assistance from the HIS Fund in the past 12 months?
___ No ___ Yes, what was the amount received? $:_____ Date:_____

NOTE: By signing below I attest to the fact that I fully understand the information being requested from me in this application process and that to the best of my knowledge I have provided the Benefits Board accurate and honest responses.

Applicants Signature: _____ Date:_____

Please submit this completed from the Office of the President. He will forward the request to the Benefits Board for approval and processing.

President's Signature: _____ Date: _____

Help In Service Fund Request Approval Status

(For Benefits Board Use Only)

Requested by: _____ Date Received: _____

Recommendation received from the President on: _____

___ Request Approved; Amount Approved $: _____

Observations/Recommendations:

_____
_____
_____
_____

___ Request Denied; Reason(s) for Denial:

_____
_____
_____
_____

Board Members Making the Decision:

Signature: _____ Date:_____
Signature: _____ Date:_____
Signature: _____ Date:_____
Signature: _____ Date:_____
Signature: _____ Date:_____