



Welborn  
Baptist Foundation

*Improving Health, Lives, and Community*

**SPECIAL GRANT APPLICATION  
BASIC PARISH NURSE EDUCATION PROGRAM**

Please check the format of the class you are taking:     Internet             Campus-Based  
*To finalize the grant process after completing the internet class, please submit a copy of your certificate of completion to the Foundation.*

1. Name: \_\_\_\_\_ Date \_\_\_\_\_

2. Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Your Position Title: \_\_\_\_\_  
Phone#: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Fax #: \_\_\_\_\_

3. Name of Church you represent: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Pastor's Name \_\_\_\_\_

4. At what point is your church in its development of a health ministry or parish nurse program?

- Exploring the possibility
- Actively planning to establish a program
- Have established a program:
  - Year established: \_\_\_\_\_
  - Services provided \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Number of Staff: \_\_\_\_\_ Paid or volunteer? \_\_\_\_\_
- What services do you plan to initiate or add and what do you see as their impact?

\_\_\_\_\_

\_\_\_\_\_

- Individual must be a registered nurse and representative of a church located in one of the 14 counties formerly served by the Welborn Baptist Hospital.
- Applicant must have the approval and support of the pastor, whose signature will be required on the grant agreement.
- Grant is awarded to the sponsoring church, not to the individual.
- The church must provide documentation of exemption from federal income tax.
- Application for a grant should be made prior to taking the course.
- A separate application to register for the course must be made to the University of Southern Indiana.
- Grant monies for the campus-based and internet programs will be disbursed once the certificate of completion is submitted to the Foundation.