



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 Only Campus/Internet Course
To finalize the grant process after completing the internet class, please submit a copy of your certificate of completion to the Foundation Attn: Health Ministries Coordinator

1. Name of Nurse: _____ Date _____

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

3. Name of Church: _____
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/faith community 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 served by the Welborn Baptist Foundation.
- 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.