



The DOMINION FOUNDATION
for Christian Science Nursing, Inc.

Application for financial assistance with
Christian Science Nurses Training

Are you interested in becoming a Christian Science nurse with an independent home care ministry?

OR

Are you an active Christian Science nurse pursuing independent home care ministries for Christian Scientists?

Yes No

If you answered "Yes" to this question, you may qualify for a grant. Please complete the application fully to enable us to process your request. All information you provide will be kept strictly confidential.

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Monthly Income

Wage/Salary \$ _____

Social Security \$ _____

Annuity \$ _____

Dividends/Interest \$ _____

Other income \$ _____

Total Monthly Income \$ _____

Assets

Checking Account \$ _____

Savings account \$ _____

Real estate—Home \$ _____

Real estate—Other \$ _____

Stocks/Bonds \$ _____

Insurance \$ _____

Other assets \$ _____

Total Assets \$ _____

Monthly Expenses

Mortgage/Rent \$ _____

Utilities \$ _____

Insurance \$ _____

Other expenses \$ _____

Total Monthly Expenses \$ _____

Liabilities

Mortgage \$ _____

Debts \$ _____

Other liabilities \$ _____

(Please explain)

Total Liabilities \$ _____

Training Information

Christian Science Nurse Education Program that has accepted you

Christian Science Nurse Education Course that you will be taking

Your present status:

New student 1st year 2nd year 3rd year

Training Expenses

Tuition and fees
\$ _____

Travel
\$ _____

Other expenses
\$ _____

Other resources of financial assistance for tuition

Other resources of financial assistance for travel

Other resources of financial assistance for expenses

Estimated financial assistance needed

\$ _____

Additional Information

How many home Christian Science nursing cases have you had to date? _____

How will this training help you be a better home care Christian Science nurse?

Do you currently have transportation to make home Christian Science nursing calls?

Yes No

If you are now affiliated with a Christian Science facility or residence, how will home Christian Science nursing cases affect your duties there?

Please provide the name of at least one individual affiliated with Christian Science nursing whom we may contact regarding your work as a Christian Science nurse.

Reference name _____

Title or affiliation with Christian Science nursing _____

Reference phone number _____

By providing my signature below, I affirm that all information provided on this form is accurate.

Signature of Applicant _____ Date _____

Applications are reviewed on a monthly basis by the Trustees. You will be notified shortly after the monthly meeting.

Christian Science nurses receiving grants for training will be mailed a check made out to the Christian Science nurse trainer.