



“We seek to be the light of Christ as we integrate faith and health in the ministry of parish nursing”

The Evangelical Lutheran Parish Nurse Association, Region 3 Grant Application
Grant to be used for the development of a parish nurse program in a faith community

All applications must be received via email by **December 9, 2016**. Awards will be announced by January 17, 2017 and checks issued by February 1, 2017. Those awarded grant money will be asked to complete a written report one year after receiving the grant.

Criteria for eligibility:

- Must be a Lutheran affiliated faith community located within the ELPNA Region 3 area
- Faith Community must have an established health cabinet/wellness council or established interest/commitment by a licensed registered nurse or pastor

Expectation of Grant Recipients: A parish nurse will be selected by the end of the grant year.

Name of Faith Community: _____

Applicant Name: _____

Applicant Email: _____ Applicant Phone: _____

Applicant's Signature: _____ Date: _____

Senior Pastor Name: _____

Address: _____

Phone Number: _____

Email: _____

Date: _____

<p>FUNDING AMOUNT REQUESTED:</p> <p><input type="checkbox"/> \$500.00</p> <p><input type="checkbox"/> _____ (less than \$500.00)</p>	<p>FUNDS WILL BE USED TO:</p> <p><input type="checkbox"/> Start a FCN/PN program</p> <p><input type="checkbox"/> Attend a FCN/PN foundations course.</p> <p>Provide the program's name/location/date</p> <p>_____</p>
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LIST 1-2 PROJECT GOALS FOR YEAR ONE:	LIST 1-2 PROJECT GOALS FOR YEARS TWO-FIVE:
DESCRIBE YOUR FAITH COMMUNITY'S/CONGREGATION'S READINESS FOR THIS PROGRAM:	
DESCRIBE THE SUPPORT OF OTHER PROGRAMS IN YOUR FAITH COMMUNITY/CONGREGATION FOR YOUR PROGRAM:	
BUDGET : <ul style="list-style-type: none"> <input type="checkbox"/> All funds will be used to attend a FCN/PN foundations course. <input type="checkbox"/> If funds are used to start a program, check this box and attach a one-year budget. 	
WHAT ARE YOUR PLANS TO MAKE THIS MINISTRY SUSTAINABLE IN THE FUTURE (beyond this grant award):	
<p>PLEASE SUBMIT A LETTER OF SUPPORT FOR THE PARISH NURSE PROGRAM FROM YOUR PASTOR OR BOARD CHAIR PERSON WITH THIS APPLICATION. SELECT ONE OR MORE QUESTIONS TO ADDRESS IN THE LETTER OF SUPPORT.</p> <ol style="list-style-type: none"> 1. How does your congregation view the integration of faith and health? 2. Describe a successful parish nurse ministry in your faith community. What would the main focus of the ministry be? 3. If you have a parish nurse currently in place, how has this ministry been supported and received by the congregation? <p>Signature (electronic is acceptable) _____ Date _____</p>	

Please submit grant application via email to elpna.region3@gmail.com with "Attention Beth Hansen" in the subject line.