



“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/faith community nurse program in a faith  
community**

All applications must be received via email by **June 15, 2018**. Awards will be announced **by July 1** and checks issued by **July 10, 2018**. 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><b>FUNDING AMOUNT REQUESTED:</b></p> <p><input type="checkbox"/> \$500.00</p> <p><input type="checkbox"/> _____ (less than \$500.00)</p>	<p><b>FUNDS WILL BE USED TO:</b></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>
---	--

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:	
<b>BUDGET :</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> All funds will be used to attend a FCN/PN foundations course.</li> <li><input type="checkbox"/> If funds are used to start a program, check this box and attach a one-year budget.</li> </ul>	
WHAT ARE YOUR PLANS TO MAKE THIS MINISTRY SUSTAINABLE IN THE FUTURE (beyond this grant award):	
<p><b>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.</b></p> <ol style="list-style-type: none"> <li>1. How does your congregation view the integration of faith and health?</li> <li>2. Describe a successful parish nurse ministry in your faith community. What would the main focus of the ministry be?</li> <li>3. If you have a parish nurse currently in place, how has this ministry been supported and received by the congregation?</li> </ol> <p>Signature (electronic is acceptable) _____  Date _____</p>	

Please submit grant application via email to [mariewiegert@hotmail.com](mailto:mariewiegert@hotmail.com).