



“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, Grant Application
Grant to be used for the development of a parish/faith community nurse ministry,
in a faith community**

All applications must be received via email by **May 1st, 2021 at the latest**. 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 faith community.
- Faith Community must have an established health cabinet/wellness council or established interest/commitment by a licensed registered nurse or pastor.

Expectation of Grant Recipient: A parish nurse will be selected within 12 months of receiving the award. Failure to accomplish this will result in repeal of the grant and we ask the funds be returned to ELPNA.

Name of Faith Community: _____

Name of Individual applying on behalf of the faith community: _____

Applicant Email: _____ Applicant Phone: _____

Applicant's Signature: _____ Date: _____

Senior Pastor's Name: _____

Address: _____

Phone Number: _____

Email: _____

Date: _____

FUNDING AMOUNT REQUESTED: <input type="checkbox"/> \$750.00 <input type="checkbox"/> _____ (less than \$750.00)	FUNDS WILL BE USED TO: <input type="checkbox"/> Start a FCN/PN program <input type="checkbox"/> New focus of an existing Parish Nurse Ministry Provide the program's name/location/date _____
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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:	
<p>BUDGET: All programs attach an itemized one-year budget.</p> <p><input type="checkbox"/> Part of funds to be used for FCN course</p> <p><input type="checkbox"/> FCN funded in another way. Please specify:</p>	
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) _____</p> <p>Date _____</p>	

Please submit grant application via email to: Marie Win at mariewiegert@hotmail.com