

FINANCIAL HELP FOR NURSE TRAINING

There is a new source of financial assistance for individuals who need support while they are training to be a Christian Science nurse or to improve their nursing skills.

Working as members of the Joint Committee for Christian Science Nursing in Southern California, Clearway Foundation and the Christian Science Nursing Care Endowment are making funds available to help individuals seeking nurse training to meet financial needs related to that training. The primary purpose of this Nurse Training Fund is to help remove financial obstacles that may be standing in the way of Christian Scientists who would like to become nurses or currently employed nurses who would like to strengthen their qualifications.

Those who should consider applying for help from this fund are individuals who are now working or expect to work in Southern California, have financial needs, and have been accepted for Christian Science nurse training at a Christian Science nursing facility that is accredited by The Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc. and is a member of the Association of Organizations for Christian Science Nursing (AOCSN).

The personal financial information supplied on the attached application should clearly demonstrate financial need. The facility offering the training is asked to verify that the applicant has been accepted to the nurse training program, and to endorse the applicant's request for financial assistance. The application is submitted by the facility offering the training, and any funds provided are given to the facility for appropriate distribution.

Those needing financial help may also wish to explore the possibility of getting assistance from such organizations as the Albert Baker Fund and the Principle Foundation. Both of these organizations make grants and loans to Christian Scientists who wish to become nurses. Both Sunland and Broadview have information about these organizations.

To get more information about whether you might qualify for this assistance how to apply for these fund, please contact those responsible for nurse training and development at Sunland and Broadview have information about these organizations.

To get more information about whether you might qualify for this assistance and how to apply for these funds, please contact those responsible for nurse training and development at

Sunland and Broadview as indicated below.

Broadview

4570 Griffin Avenue
Los Angeles, CA 90031
(323) 221-9174 Fax (323) 221-7194
Email: csbraodview@aol.com

Sunland

691 Sparta Drive
Encinitas, CA 92024
(760) 944-2976 Fax (760) 944-1460
Email: sunlandhm@aol.com

NURSE TRAINING FUND
Application for Financial Assistance

Please read the accompanying page, "Financial Help for Nurse Training", then type or print responses to all questions in black ink. Applicant must be a member of The First Church of Christ, Scientist, Boston, MA. Year admitted _____

Ms. Miss. Mrs. Mr. _____
First Name Middle Initial Last Name

Address: _____
Number Street City State Zip Code

Telephone: (____) _____ Name of Spouse: _____

Facility that has accepted you for training: _____

Description of instruction you will be receiving: _____

Beginning and ending dates of instruction: _____

Your present status: __New student __Aide __1st year __2nd year __3rd year

What are your nursing goals and where do you plan to nurse?

- A. **Expenses:** Please provide below a breakdown of the estimated total cost to you of obtaining training. Include direct costs such as tuition and indirect costs such as travel, child care, etc.

- B. **Resources:** Please provide below a breakdown of sources other than this Training Fund that will help pay for your training expenses.

Expenses

Tuition and fees \$ _____

Books and supplies _____

Food _____

Housing _____

Transportation/Auto _____

Child care _____

Personal _____

Total Expenses (A) \$ _____

Resources Available for Training

Assistance from
friends, parents,
or other family
members \$ _____

Scholarship, fellowship,
or grant _____

Employment (circle one)
Part-time
Full-time
Other _____

Loans _____

Savings _____

Total Resources (B) \$ _____

How much financial help are you seeking? (A - B) _____

When is the money needed?

What efforts have you made to obtain financial aid from other sources?

Of which branch church are you a member? _____

The following portion of the application is to be completed by an administrator of the facility that has accepted the applicant for nurse training.

Please describe the training you will be providing the applicant:

When does the training begin and end? _____

Do you endorse this request for financial assistance? Y/N: _____ If not, please explain:

Assuming the training is completed satisfactorily, are you expecting to hire this person?

Y/N: _____ If not, please explain:

Name of facility: _____

Name and title of administrator: _____

Signature of administrator: _____

Date: _____

**When application is complete, please send to Christian Science Nursing Care Endowment,
P.O. Box 5621 Pasadena, CA 91117.**