# 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 and how to apply for these funds, 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 prince 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?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **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.

1. **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 print and send to Christian Science Nursing Care Endowment, P.O. Box 5621 Pasadena, CA 91117 or email a scanned digital copy to csnurscare@gmail.com.**