

**Christian Science Nursing Network  
2017 International  
Christian Science Nursing Conference**

Grant Application  
ALL INFORMATION CONFIDENTIAL



**Applications must be received by July 24, 2017**

Through fund raising efforts, CSNN has a modest amount of funding for **need based** assistance with a preference to non-*Journal*-listed Christian Science nurses. Funds may be requested for: 1) CedarS **Plan A** Housing, 2) travel or 3) ICSNC fee.

*Receipt of **any** funding from CSNN is with the expectation that the recipient will to be housed in **Plan A Housing** (cabins) at CedarS, attend all sessions of the conference and send a post-conference letter of gratitude to CSNN that may be shared with those donors who have provided these invaluable contributions. Any letters we share will have identifying information removed.*

Application Instructions: Fully complete each question. Submit by **July 24, 2017**.

For questions about the conference, please contact Esther Joscelyn via email at: [eljoscelyn@csnnetwork.org](mailto:eljoscelyn@csnnetwork.org).

Today's date \_\_\_\_\_

Legal name (first, middle last) \_\_\_\_\_

Mailing address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

Telephone or cell phone (area code first) \_\_\_\_\_

Email address \_\_\_\_\_

I am requesting assistance with:

Housing \$ \_\_\_\_\_ (Only Plan A Housing of \$275 will be considered)

Travel \$ \_\_\_\_\_ (In US Dollars – reimbursed by check or PayPal - receipts required)

Conference Fee \$ \_\_\_\_\_ (\$300 Maximum)

Will you receive other assistance for this conference? If yes, please list source and amount (\$ ) below.

1. Briefly tell us about your Christian Science nursing practice. How many hours per month are you actively Christian Science nursing?

2. Are you a member of a Branch Church/Society? \_\_\_\_\_ yes \_\_\_\_\_ no  
Please share where and how you are serving

3. In regard to the blessings of attendance, please share what you hope to give and to receive at the conference.

4. Briefly, describe your reasons for applying to CSNN for assistance.

Please supply information about a reference we may contact that is a *Journal*-listed Christian Science nurse:

Reference Name \_\_\_\_\_

Reference phone number \_\_\_\_\_

Reference email \_\_\_\_\_

Reference City, State, Country \_\_\_\_\_

**By submitting this application, I accept and will adhere to the following:**

1. I shall not discuss the details of this application with anyone other than a member of the CSNN Board.
2. I will NOT disclose the amount(s) I was granted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fully complete each question and submit so **received** by: **July 24, 2017**

Scan and attach completed form to an email and send to:  
[eljoscelyn@csnnetwork.org](mailto:eljoscelyn@csnnetwork.org)

**OR**

Mail to: Esther Joscelyn  
148 Joscelyn Rd  
Oxford, NY 13830-4221 USA

**The CSNN Board will meet shortly after the benevolence submission **cut off** date of **July 24th**. Applicants will be notified beginning July 31st.**