



Mini-Grant Application

Eligibility Requirements

- 1) Current NWPNM Active Member
- 2) PN reports on file through last completed quarter of this calendar year
- 3) Request is for equipment, project, event or programming directly benefitting a parish nurse/health ministry
- 4) If April-September, PN has not yet received mini-scholarship or grant this year
- 5) If October-December, PN has not received more than 1 award already this year

Personal Information

<i>Last Name</i>	<i>First Name</i>	<i>Telephone #</i>	<i>Email Address</i>
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<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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<i>Parish Name</i>	<i>Telephone #</i>	<i>Email/Website</i>
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<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Grant Request

Briefly explain the equipment, project, event or programming for which you are requesting a mini-grant. Please include the total estimated cost, the amount being requested (up to \$150), and how this will fulfill a health (or related) need of your congregation or parish nurse ministry. Include a timeline for implementing and/or completing the proposal.

(Continued on Reverse)

NWPNM Mini-Grant Application (continued)

Agreement of Award Conditions

I, _____, hereby request a grant in the amount of \$ _____
(print full name) (amount requested)

from Northern Waters Parish Nurse Ministry, in accordance with the requirements listed above. I understand that any award I receive must be used for the proposed purpose detailed in this document. I agree to submit a follow-up report within 60 days of completing the proposed purchase, project, event, or program. For proposals with timelines extending or delayed beyond 6 months, an additional progress report is required within 6 months of the date of issue of the funds. I understand that failure to submit these reports will result in revocation of the award and I will be required to return all funds. In the event my proposal is unable to be carried out as outlined in this document, I agree to return the award (in its entirety) within one year of the date of issue. I also understand that any and all modifications to the original proposal and timeline must be submitted to the scholarship committee for approval.

Signed _____ Date ____/____/____

Office Use Only Date Received ____/____/____ Eligible Y/N (If no, circle 1 2 3 4 5)

PN Name _____ Parish _____

Amount Granted \$ _____ Check # _____ Date Issued ____/____/____

Authorized by (2 signatures) _____

Follow-up Report Due: ____/____/____ Received: ____/____/____ (attach to form)

Notes: _____