

FINANCIAL WORKSHEET

This worksheet has been prepared to help you gather information to start an application for an IFCSN grant. The actual application form is available online only. It's most helpful to print and complete this worksheet before starting the IFCSN Application. Fill it out as best you are able and note the amounts in your local currency.

Note:

- "Applicant" refers to the grant recipient (requester).
- We do not need exact figures; reasonable estimates and rounded figures will work for us. (Do not use punctuation in the numbers.)
- If your answers require additional explanation, please write them down here and then bring them to our attention during the phone interview.

Helpful questions to consider

- 1. Does the applicant own a home?
- 2. If there is a mortgage, what is the approximate balance (including second mortgage if applicable)? Round to the nearest 1000 of your currency.
- 3. How much is the applicant's monthly rent or mortgage (include second mortgage if applicable)? Round to the nearest 100. (If you're living permanently at a CS Nursing organisation, please include the amount you pay for board.)
- 4. How many people depend on your income?
- 5. Excluding the primary residence, what are the applicant's household income, assets and liabilities? Round to the nearest 1000; if less than 1000, enter "0".

Income and Assets

Your local currency	
Regular monthly income (e.g., salary, pension, other income)	
How many people depend on your income (including yourself)	
Savings (total value)	
Investments (total value)	
Real estate (total value, <i>excluding primary residence</i>) (e.g., rental, vacation, bus. property)	
Leisure vehicles (total value) (e.g., boats, RVs collectible cars)	
Other assets (art, collectibles, etc.)	
Total Assets	

Expenses and Other Liabilities

	Regular monthly expenses (list expenses in general categories rent/mortgage, food, utilities, etc., excluding any CS nursing expenses)	
	Daily rate of lodging and meals expenses (if staying at a CS nursing facility. Please indicate only if in addition to regular monthly expenses)	
	Loans (total amount) (e.g., house, auto loans, student loans, etc.)	
	Credit-card debt (total amount) Approximate total Liabilities	
Avail	able Financial assistance Amount the applicant can count on from family/friends (include if one time amount or frequency)	
	Any social security amounts (include frequency)	
	Support from other funders (include frequency)	

Christian Science Nursing care information

Is the applicant already receiving Christian Science nursing care? If not, does the applicant have an estimate?

How much can the applicant afford to pay and what is the amount the applicant would like to request of IFCSN as a financial support.

Is the applicant working with a Christian Science practitioner? Knowing the daily rate charged by the Practitioner would be useful and if there are any outstanding invoices the applicant needs help with.

Some more useful information

If the applicant is or has been under the care of a Christian Science nurse, please give the name and phone number of the Christian Science nurse, organisation, or visiting CSN nurse service.

After a grant is approved, depending on your request and the terms of the grant, we may also request copies of paid and unpaid invoices for which you are requesting assistance. Invoices may be up to three months old.

If you are requesting reimbursement for supplies and travel, we may need you to submit receipts that correspond to your request. (e.g., hotel, petrol, bandaging, etc.)

The International Fund for Christian Science Nursing is the result of years of consecrated prayer by many individuals who intend that anyone who seeks healing in Christian Science can receive care from a Christian Science nurse and practitioner without concern for affordability. The fund is administered by The Principle Foundation, a registered US-based public charity. To maintain its public charity status, it must be able to demonstrate that its grants were based on a requester's financial need.