Registered Professional Nurses in the Specialty of Faith Community Nursing

2019 Central MN FCN Ministry Committee Scholarship Application
Foundations of Faith Community Nursing (FCN) Class
at Grace United Methodist Church, 2615 Clearwater Rd, Saint Cloud, MN 56301

Thursday, May 9, 2-9 pm; Friday, May 10, 8-4:30 pm, Thursday, May 16, 2-9 pm; Friday, May 17, 8-4:30 pm
Fee $450 Tuition Includes Participant Book, meal each day
38 Contact Hours (30 onsite and 8 Online homework)

- The Health Ministries of Central Minnesota Committee (HM of CM) and Central MN FCN Ministry are offering six (6) $250 Scholarships for the Foundations of Faith Community Nursing Class.
- The goal of the Scholarship program is to increase the number of FCN’s in churches.
- FCN’s are licensed, registered nurses who practice wholistic health for self, individuals and the community, using nursing knowledge combined with spiritual care. They function in paid and unpaid positions as members of the pastoral team and come from a variety of faith traditions. They function as health advocates, educators and counselors, referral agents, volunteer coordinators, support group developers and integrators of faith and health.
- The Coordinator will process scholarship requests as received and then registration can be processed per Class Flyer. If a scholarship is approved, I will notify the SCH Ed. Department and the rest of the fee of $200 will be due with registration. Deadline May 1, 2019, same as class registration and if still available.
- *Financial Support of one’s church is strongly encouraged. For other Scholarship options, see web site.

*Conditions of the scholarships include:

1. **Applicants must hold a current Minnesota registered nurse license** and must reside in Central Minnesota within the CentraCare or Diocese of Saint Cloud Systems. Others will pay tuition of $450.
2. **Required is a Letter of Intent**: In a brief letter (one page or less) state why you want to be a Faith Community Nurse and what your involvement is in your faith community. (Written report due 6 months after class of implementation/activity). Submit with this form.
3. **Required: Letter of support** from your Pastor or a leader in your faith community. Submit with this form.

To apply for the Faith Community Nurse Class Scholarship, fill out and submit to contact below.

Name: __________________________________________________________________________________
Address: ________________________________________________________________________________
Telephone: ______________________________________________________________________________
E-mail: _________________________________________________________________________________
Date ___________________________________________________________________________________

Name, address, Pastor, Phone # of parish within which you will be serving as a Faith Community Nurse
_______________________________________________________________________________________________
_____________________________________________________________________________________

We encourage churches to assist in funding. Has your church provided any funding for your participation in the Faith Community Nurse Foundations Course for Tuition, Lodging, Meals or Transportation? (Recommended).
____ Yes ____ No Amount/Type _______________________________________________________________

**Questions & Return to**: Annette Jesh, RN, FCN, Parish Health Ministries Program, St. Cloud Hospital Spiritual Care Services, 1406 Sixth Avenue North, St. Cloud, MN 56303-1901 or Annette.Jesh@centracare.com