**PO Box 918**

**Goshen, IN 46527-0918**

**Phone: 1-888-406-3643**

**Email: info@mennohealth.org**

**Web: www.mennohealth.org**

Annual Gathering 2015 Cost Sharing Grant Application

Annual Gathering 2015 brings together healthcare workers from around the world for fellowship, inspiration, learning, worship, and networking. In the spirit of this year’s theme, “Walking Together for Healthy Communities,” MHF encourages all persons interested in healthcare work and ministries, whether students, professionals, or retirees to come and share in this event.

In order to make the event affordable for all, and in the tradition of mutual aid, MHF offers small grants to subsidize participation in Annual Gathering 2015. MHF members who are able are invited to contribute to this fund.

**Guidelines for Annual Gathering grants:**

* Applicants should be **members OR meet the membership guidelines** for Mennonite Healthcare Fellowship: be part of a healthcare-related discipline, embrace Anabaptist values, and support the mission of MHF.
* Applicants are expected to **attend the entire conference** from July 19-21, 2015.
* **Preference** will be given to students, volunteers, and persons from outside of North America for whom cost is a barrier to participation in the Annual Gathering.
* Applicants will **fill out this form** indicating why participation in this event is important or will be helpful to them.
* Grants are contingent on the availability of funds through special donations.
* **For assistance beyond the waiver of the registration fee** of $100, please answer the additional questions and submit one reference form.

**Applicant Information**

Name: Click here to enter text.|  Student |  Volunteer |  Other

Healthcare profession: Click here to enter text.

Address: Click here to enter text.

Phone (or voice app): Click here to enter text. E-mail: Click here to enter text.

**Share a one-paragraph summary of your study or work** in the healthcare field. (Unless you indicate otherwise, this may be shared with other attendees of Annual Gathering at MHF’s discretion.)

Click here to enter text.

**How does your faith affect your professional life?**

Click here to enter text.

**Why is attending the MHF Annual Gathering important to you?** What do you hope to gain from the experience?

Click here to enter text.

**What skills and experience** do you have that you would be willing to share, if needed, to help make Annual Gathering 2015 a beneficial experience for others?

Translation to and from English -- indicate language(s): Click here to enter text.

Writing (such as session summaries, reporting, article for Mennonite Health Journal, etc.)

Assisting with administrative tasks on site

Social media (Facebook, Twitter, blogging, etc.)

Facilitating a round-table discussion. Topic: Click here to enter text.

Leading a morning prayer time

**What would make it possible for you to attend the Annual Gathering?**

Waiver of registration fee ($75-180 value) *If you are applying* ***only*** *for this waiver, you do not need to fill out the rest of this form.*

**Accommodations subsidy** (toward the cost of meals, lodging, and travel)

**Other** Click here to enter text.

**For accommodations subsidy, please answer the questions below** and submit one reference who will verify your interest and need on the attached form. This could be a pastor, mentor, or healthcare colleague. Have that person send a letter to MHF, PO Box 918, Goshen, IN 46527-0918 USA or to [info@mennohealth.org](mailto:info@mennohealth.org).

**Are you willing to share a hotel room** with others of the same gender? Click here to enter text.

**Are you attending MWC Global Assembly** following the Annual Gathering? Yes | No

If so, what are your preferred lodging arrangements for that period of time?

Stay at the Sheraton for the entire week.

I plan to seek a local home in which to stay for the Global Assembly

**Travel arrangements** to come to Harrisburg:

Traveling with others? Click here to enter text.

Method of travel:  Plane  Train  Car  Other

Approximate travel cost Click here to enter text.

**Other considerations:**

Click here to enter text.

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Annual Gathering 2015 Cost Sharing Reference Form

[](http://mennohealth.org/wp-content/uploads/2013/03/MHF-Gathering-logo.png)**Annual Gathering 2015** brings healthcare workers from around the world to gather for fellowship, learning, inspiration, worship, and networking!  **It will be held July 19-21, 2015** in Harrisburg, Pennsylvania, USA, immediately prior to Mennonite World Conference Global Assembly.

**Grant Applicant:** **Fill in your name and profession** and give/send to a reference person who can verify your interest in attending the Mennonite Healthcare Fellowship (MHF) Annual Gathering and your financial need to make that possible. This person could be a pastor, mentor, or healthcare colleague.

**Reference Person:** Please fill out the rest of form below and send to Mennonite Healthcare Fellowship, PO Box 918, Goshen, IN 46527-0918 USA or to [info@mennohealth.org](mailto:info@mennohealth.org).

**Applicant Name**: Click here to enter text.

Healthcare profession: Click here to enter text.

**Reference Name**: Click here to enter text.

Profession/Role: Click here to enter text.

Relationship to applicant: Click here to enter text.How long? Click here to enter text.

Address: Click here to enter text.

Phone (or voice app): Click here to enter text. E-mail: Click here to enter text.

How will attending the MHF Annual Gathering be meaningful or benefit the applicant from a professional and/or faith perspective?

Click here to enter text.

**Applicant is applying to subsidize costs of meals and lodging for this 3-day, 2-night event.**

**Does this person have funding** to travel to Harrisburg in July 2015?

Click here to enter text.

If coming from outside the U.S., **can this person secure a visa** to travel for this meeting?

Click here to enter text.

**Does this person need financial assistance** for the costs of meals and lodging (up to approximately US$300)?

Click here to enter text.

**Are there any special considerations?**

Click here to enter text.