



Mennonite
Healthcare
Fellowship

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: _____ | ☐ Student | ☐ Volunteer | ☐ Other
Healthcare profession: _____
Address: _____
Phone (or voice app): _____ E-mail: _____

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.)

Please answer additional questions on the next page

How does your faith affect your professional life?

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

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): _____
- ☐ 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: _____
- ☐ 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** _____

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.

Are you willing to share a hotel room with others of the same gender? _____

Are you attending MWC Global Assembly following the Annual Gathering? _____

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? _____

Method of travel: ☐ Plane ☐ Train ☐ Car ☐ Other

Approximate travel cost

Other considerations:



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Annual Gathering 2015 Cost Sharing Reference Form



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.

Applicant Name: _____
Healthcare profession: _____

Reference Name: _____
Profession/Role: _____
Relationship to applicant: _____ How long? _____
Address: _____
Phone (or voice app): _____ E-mail: _____

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

Please answer additional questions on the next page.

Reference Form continued

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?

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

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

Are there any special considerations?