



**Mississippi
Nurses Foundation**
Nurses Touch Lives

MISSISSIPPI NURSES FOUNDATION *NURSE IN NEED* APPLICATION

-Nurses Helping Nurses-

Email: kdorr@msnurses.org or acrawford@msnurses.org

Mail to:

Mississippi Nurses Foundation
31 Woodgreen Place
Madison, MS 39110
Office: 601.898.0850
Fax: 601.898.0190
Email: kdorr@msnurses.org

Name: _____

Home Address: _____

Cell Phone: _____ Work Phone _____

Email: _____

Are you a member of the Mississippi Nurses Association? Yes _____ No _____

Employment Status: I am currently employed

____ Full Time

____ Temporary Job

____ On leave of absence

____ Part Time

____ Permanent Job

____ Unemployed

Present Employer: _____

Address: _____

Phone: _____

License Number _____

Is your license active and unencumbered? _____ Yes _____ No

If the answer is no, please provide a brief explanation: _____

Are you currently receiving any funding or benefits? _____ Yes _____ No

If so, please describe. _____

Do you have any dependents? _____

If yes, please list age (s) of dependent (s). _____

Name _____

Do you own your home or rent? _____

Why are you requesting financial assistance?

_____ Due to state/national disaster

_____ Childcare support

_____ Due to accident

_____ Loss of home/mortgage payment

_____ Loss of transportation

_____ Physical injury/illness

_____ Groceries for family

_____ Utility Bill

_____ Loss of employment due to other reason. If so, please describe. _____

Please attach or provide a legible explanation of why you are requesting financial assistance.

Amount requested: _____