



**MISSISSIPPI NURSES FOUNDATION NURSE IN NEED APPLICATION**

*-Nurses Helping Nurses-*

Email: [kdorr@msnurses.org](mailto:kdorr@msnurses.org) or [rhoward@msnurses.org](mailto:rhoward@msnurses.org)

If you choose to mail your application, there will be a delay in our response due to our office being closed.

Mail to:

Mississippi Nurses Foundation  
31 Woodgreen Place  
Madison, MS 39110  
Office: 601.898.0850  
Fax: 601.898.0190  
Email: [kdorr@msnurses.org](mailto: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. \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount requested: \_\_\_\_\_