

**HIGH OAKS, INC.**

**1489 Baltimore Pike, Suite 234**

**Springfield, PA 19064**

**Phone: 610-543-1840; Fax 610-543-1508**

**Email: [higoaksinc@gmail.com](mailto:higoaksinc@gmail.com) Website: [higoaksinc.org](http://higoaksinc.org)**

High Oaks supports the office of the **Christian Science Nurse** in accordance with Article VIII, Section 31 of the **CHURCH MANUAL** by Mary Baker Eddy. High Oaks accepts applications for benevolence from individuals who are relying on Christian Science for healing and need assistance on a temporary basis with payments for Christian Science nursing care in a facility or at home and with Christian Science practitioner fees. High Oaks considers requests for emergency funds for other than nursing or practitioner needs on a short-term basis. Assistance is also given for Christian Science Nurses training courses and tuition for Christian Science Camps. All benevolence is offered in support and expectation of healing.

**APPLICATION FOR BENEVOLENCE** – Please answer all questions completely and return by the 15<sup>th</sup> of the month for consideration. All information will be kept strictly confidential. (If you need assistance in completing application, please contact High Oaks.)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Please state your reasons for needing benevolence.
  
2. What specific bill(s) do you need assistance with? \_\_\_\_\_  
(Please enclose copy of bill(s) in order for application to be considered.)
  
3. What amount are you able to pay on the bill(s)? \_\_\_\_\_
  
4. What amount are you requesting High Oaks to pay on the bill(s)? \_\_\_\_\_  
(Please note that approved benevolence is paid directly to the service provided.)

5. Please explain your current financial situation (include your spouse, if applicable) (Attach additional sheet as needed.)

Current Checking account \_\_\_\_\_  
Current Savings account \_\_\_\_\_

**Total Monthly Income**

Employment \_\_\_\_\_  
Pension \_\_\_\_\_  
Social Security \_\_\_\_\_  
Interest \_\_\_\_\_  
Dividends \_\_\_\_\_  
Other (list): \_\_\_\_\_

**Total Monthly Expenses:**

Mortgage or rent \_\_\_\_\_  
Loans \_\_\_\_\_  
Credit cards \_\_\_\_\_  
Food \_\_\_\_\_  
Phone \_\_\_\_\_  
Other (list): \_\_\_\_\_

6. What additional sources of financial assistance do you have to help pay the bill(s), including but not limited to: health insurance; retirement account; family; public assistance; church; association; other? \_\_\_\_\_  
If so, for what amount? \_\_\_\_\_

7. Have you applied for benevolence at other Christian Science sources? \_\_\_\_\_  
Where did you apply? \_\_\_\_\_ When did you apply? \_\_\_\_\_  
For what amount? \_\_\_\_\_

8. Are you relying on Christian Science for healing and receiving treatment on a regular basis from a practitioner listed in **The Christian Science Journal**?  
\_\_\_\_\_ If not, please explain \_\_\_\_\_

9. Are you a member of The Mother Church? \_\_\_\_\_ and of a branch church or society? \_\_\_\_\_

10. Do you attend Christian Science services on a regular basis? \_\_\_\_\_ If not, do you listen to church services via telephone or internet? \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(or)

Individual completing application (if other than applicant):

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone \_\_\_\_\_  
(Signature) \_\_\_\_\_ Date \_\_\_\_\_