MASSACHUSETTS BAPTIST CHARITABLE SOCIETY

Incorporated February 3, 1821 to aid clergy and clergy families of The American Baptist Churches of Massachusetts

The Rev. Dr. G. Jean Wright, Executive Director; P.O. Box 220157, Chantilly, VA 20153-0157
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Confidential Grant Application for Non-Reimbursed Medical/Prescription Drug Expenses
(Documentation of the expenses must be included with application. Thank you.)

Name: _____Date of Birth: _____
Address: _____
Telephone: _____ E-mail: _____
Dependents – Please include names and ages: _____
_____
Next of Kin or Whom to Contact in an Emergency:
Name: _____ Telephone: _____
Address: _____

Date of ABC/USA Ordination: _____ Church: _____
Location and Dates of Service in Massachusetts:
_____
_____
_____
Present Church Membership: _____
Describe the illness and/or condition for which the non-reimbursed expenses were incurred: _____
_____
_____
Explain why expenses were not covered by insurance and/or medicare/medicaid: _____
_____
Health Insurance Carrier: _____
Medicare/Medicaid: Yes ___ No ___ Plan: _____
Explain Need for the Grant: _____
_____

I certify that the above information is correct.

_____ _____
Signature of Applicant Date

Please return the application and documentation to the Executive Director.
Do not hesitate to contact Rev. Dr. Wright if you have any questions.

CONFIDENTIAL