

THE MANKOWSKI FOUNDATION
APPLICATION OTHER THAN THE UNITED STATES

STATEMENT OF PURPOSE

It is the purpose of the WINIFRED STUART MANKOWSKI FOUNDATION, to promote an enlightened sense of progress during the advancing years for Christian Scientists of retirement age who, as Christian Science nurses or practitioners, have had their cards carried in *The Christian Science Journal* for at least ten (10) years, and who have a demonstrable financial need. Due to the restrictions associated with current United States immigration laws, it is not always possible for qualified applicants who are not United States citizens to gain permanent resident visas, and so live at the Mankowski Homes situated in Azusa, California, U.S.A. The WINIFRED STUART MANKOWSKI FOUNDATION has however, adopted a means for bringing financial assistance, primarily in the form of housing assistance, to those Christian Science nurses and practitioners who would in all other respects qualify to reside in the Azusa Homes, and so benefit from Mrs. Mankowski's loving provision.

Those making application should be able to care for themselves, in accord with the stipulations of the founding trust provisions.

If you feel you meet these qualifications, please complete and return the attached application to Heather Blair-Pearce: hblair1946@gmail.com or by mail:

Heather Blair-Pearce
Mankowski International Manager
556 So. Fair Oaks Ave.
Suite 101 Box 356
Pasadena, California 91105
USA

Thank you.

TRUSTEES, WINIFRED STUART MANKOWSKI FOUNDATION

APPLICATION FOR

WINIFRED STUART MANKOWSKI FOUNDATION
INTERNATIONAL BENEFICIARY ASSISTANCE

Completed application to be held in appropriate confidence.

PLEASE PRINT

Date of Application _____

BACKGROUND INFORMATION:

Your name in full: _____

Your complete address: _____

Home phone: () _____ Mobile: () _____

Email address: _____

Have you reached retirement age? (men 65, women 60) Yes _____ No _____

If "No" how many years from now will you be? _____

Are you married, widowed, divorced or single? _____

CHRISTIAN SCIENCE PRACTICE:

How long have you been actively practicing Christian Science? _____

How long have you served as a _____ Christian Science *Journal-listed* practitioner, or
as a _____ Christian Science nurse advertising in *The Christian Science Journal* directory?

Does your listing appear now? Yes _____ No _____

If your card in *The Journal* has ever been withdrawn or removed, kindly explain fully:

When did you receive Christian Science primary class instruction? _____

Who is your Christian Science primary class teacher? _____ CSB

What year did you join the Mother Church, The First Church of Christ Scientist in Boston,
Massachusetts? _____

To which Branch Church or Society do you belong? _____

Since (year joined) _____

Please list other Branch Churches or Societies of which you have been a Member, year
joined, and reason for change:

1. _____
2. _____
3. _____

Please list the various capacities in which you have served the Church of Christ, Scientist
over the years: _____

It is assumed as a working Christian Scientist that you are free from the use of tobacco, drugs, and intoxicants. Is that a correct assumption? Yes _____ No _____

PERSONAL INFORMATION: (Answers in this section will not necessarily preclude you from receiving financial assistance.)

Please describe your general condition of health: _____

Are you physically able to take care of normal living needs without assistance?

Yes _____ No _____ If "No" please say why: _____

REFERENCES:

Please list two (2) members of The Mother Church who are not related to you, who are acquainted with your affairs and to whom reference may be made. If possible one of the references should be a *Journal*-listed practitioner. (Please list practitioner first)

Practitioner's Name: _____

Address: _____

Phone: () _____ email address: _____

How acquainted: _____

Name: _____

Address: _____

Phone: _____ email address: _____

How acquainted: _____

FINANCIAL INFORMATION:

My Current per Monthly - per Annum Income

Monthly pension income: _____ /month = _____ /annum

Government housing allowance (if any): _____ /month = _____ /annum

Income from interest on savings: _____ /month = _____ /annum

Income from dividends, stocks, other funds: _____ /month = _____ /annum

Income from rental property I own: _____ /month = _____ /annum

Approximate income from any other source (identify): _____ /month = _____ /annum

SUB TOTAL: (Add 6 lines above) _____ /month = _____ /annum

Will any of the above income cease within the near future? Yes _____ No _____

If Yes, by what amount: _____ /month = _____ /annum

Please explain the reduction: _____

TOTAL MONTHLY INCOME:

(Subtract any reduction from SUB TOTAL): _____ /month = _____ /annum

My Assets

The estimated value of my house/flat: _____

Approximate value of the stocks and shares that I own: _____

Amount I have in savings, checking, money market funds,
or interest-bearing bank accounts: _____

The estimated value of my automobile(s) is: _____

The value of all other assets I hold is estimated to be: _____

TOTAL VALUE OF MY ASSETS: (Add 5 lines above) _____

My Present Expenses

My monthly rent or mortgage payment is: _____

My monthly electricity bill is about: _____

My monthly home heating bill is about: _____

My property tax bill is: _____

My monthly insurance (life, household) expenses are: _____

My monthly car expenses are about: _____

Estimated cost of needed repairs to home or car: _____

My other monthly miscellaneous expenses (food,
phone, internet, TV, CS literature) are: _____

TOTAL MONTHLY EXPENSES (Add 8 lines above) _____

My Current Debts

(Please disclose any present indebtedness in excess of GBP£500 or EURO 1,000)

CREDITOR	AMOUNTS
_____	_____
_____	_____
_____	_____

TOTAL DEBTS (Add 3 lines above) _____

Concerning My Personal Banking and Financial Affairs

Do you presently handle all your personal banking and financial affairs?

Yes _____ No _____ If No, who does handle these affairs for you? _____

COMMENTS: (Please comment on anything in this application you may wish to explain or discuss further)

IF A SPECIAL NEED AROSE: (Please provide the name and contact information of someone who would help if an emergency or a special need arose.)

Name: _____

Address: _____

Home phone: () _____ Mobile: () _____

Relationship: _____ Email address: _____

Christian Scientist? Yes _____ No _____

VERIFICATION/AGREEMENT SIGNATURE

I hereby grant permission to the WINIFRED STUART MANKOWSKI FOUNDATION and its representative to verify such information as is deemed necessary to process this application. I further attest to the fact that all I have stated in this application is correct to my best knowledge and belief. I agree to support and maintain the standards set forth in the STATEMENT OF PURPOSE in this application. I recognize that grants made to me will be reviewed periodically and could be increased or diminished as circumstances change. I further agree to hold this matter, as well as any information regarding Foundation grants, in the strictest confidence.

Signature: _____

Date: _____