

MASSACHUSETTS BAPTIST CHARITABLE SOCIETY

Incorporated February 3, 1821, to aid the widows of the ministers of
The American Baptist Churches of Massachusetts, Clergy and Clergy Families

Rev. Dr. G. Jean Wright
EXECUTIVE DIRECTOR

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GRANT APPLICATION FOR NON-REIMBURSED MEDICAL/PRESCRIPTION DRUG EXPENSES

Documentation must be included for the non-reimbursed medical/prescription drug expenses for which you are requesting a grant.

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Name: _____ Date of Birth: _____

Address: _____

Telephone Number: _____ Email: _____

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 expenses were incurred.

Explain why expenses were not covered by insurance and/or medicare/medicaid.

Health Insurance Carrier: _____

Medicaid/Medicare: Yes No Plan: _____

Explain need for the grant:

I certify that the above information is correct.

Signature of Applicant: _____ Date: _____

Please return to: The Rev. Dr. G. Jean Wright, Executive Director, 14 Juniper Point Road, Groton, MA 01450
If you have questions, please call me at: 978-448-0451

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