

ISHA Foundation, Inc.

Dedicated to Restoring Healing in Christianity



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APPLICATION FOR TRAVEL GRANTS FOR TEACHING HEALING TOUCH SPIRITUAL MINISTRY IN THIRD WORLD COUNTRIES

One of the purposes of the ISHA Foundation, Inc. is to provide travel grants for approved instructors to teach Healing Touch Spiritual Ministry courses in third world countries. Provided funds are available, up to 50% of the stated travel expenses may be awarded for approved applications.

Name _____

Address _____

State _____ City _____ Zipcode _____

Telephone # _____ Email _____

Best time to reach you _____

Country you wish to teach in _____

Courses you are requesting to take to a third world country: _____

Who sponsors the course(s) you wish to teach? _____

What percent of your teaching in this foreign country is for the Healing Touch Spiritual Ministry program? _____

Have you taught in this country before? _____ Do you speak the language or have you arranged for a translator? _____

Have you received funds from the ISHA foundation previously? Yes No

Please give a detailed budget for your projected expenses for teaching in this foreign country:

Travel _____
Food _____
Lodging _____
Translator _____
Written materials _____
Other (state) _____
Total _____

Please allow 2-4 weeks for the approval process. If approved, a check will be sent to you along with an evaluation and report form indicating number of classes taught and number of students in attendance along with an evaluation of the entire trip and a description of how this education assisted the people of that country. This impact report should include: responses from the students to the healing work taught; responses and/or contacts made with local health care officials regarding this healing ministry; church related responses and/or contacts made regarding this healing ministry; opportunities for future courses; and training of local people to teach others or continue this work after the instructor returns home.

For Office Use

Date Application Rec'd _____ Determination _____

Date Check sent _____ Amount _____

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