

BAPTIST HEALTH CARE FOUNDATION
EXTRA FUND
**(Education Excellence Through Reimbursement Assistance)
Grant Application**

Complete this application and have your supervisor sign the "Supervisor Approval" section of this form. Mail the application to the following address: Baptist Health Care Foundation, P. O. Box 241647, Montgomery AL 36124-1647. You can submit the form via hand-mail to Baptist Health Care Foundation, DeBoer Building, Brown Springs Road.

PLEASE ALLOW THREE WEEKS FOR PROCESSING.

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT.

1. NAME _____
STREET ADDRESS _____
CITY, STATE & ZIP _____

DEPT/UNIT _____ / SHIFT _____ EMPLOYEE # _____ How long employed at Baptist Health? _____

SOCIAL SECURITY NUMBER _____ HOME PHONE # _____ WORK PHONE # _____

2. THIS REQUEST IS FOR _____ CERTIFICATION _____ CONTINUING EDUCATION

3. DESCRIBE THE COURSE(S) YOU HAVE COMPLETED AND **ATTACH A PHOTOCOPY OF YOUR CERTIFICATE OR OTHER PROOF OF COMPLETION.** Grant will not be processed without copy of proof of completion of course.

4. LIST YOUR EXPENSES HERE. **ATTACH ALL RECEIPTS TO THIS FORM.** Grant will not be processed without copies of receipts.

5. Make check payable to: _____
(Please print)

YOUR SIGNATURE: _____

Please have your supervisor sign below:

ADMINISTRATIVE APPROVAL: _____
SUPERVISOR _____ DATE _____

Please check to see that all documentation is attached to grant form before signing. Work Phone _____

BAPTIST HEALTH CARE FOUNDATION APPROVAL: _____

DATE APPROVED: _____ AMOUNT APPROVED \$ _____