



Baptist Health Care Foundation

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Dear Baptist Health Employee:

The Baptist Health Care Foundation has made an exciting change with the Friends of Nursing and Friends of Allied Health Professionals continuing education grant program. The name of this program has been changed to the Baptist Health **EXTRA** (**E**ducation **EX**cellence **T**hrough **R**eimbursement **A**ssistance) Fund. The **EXTRA** program provides Baptist Health employees assistance in the cost of continuing education workshops and seminars. The grant amounts will be based on the employee's years of service and are as follows:

0 to 5 years of employment at Baptist Health	1 grant per year of \$150
6 to 10 years of employment at Baptist Health	1 grant per year of \$200
10 + years of employment at Baptist Health	2 grants per year of \$200 each

All nurse and allied health professionals are encouraged to use the **EXTRA** Fund to help with their continuing education.

Your **EXTRA** Fund exists because of the contributions of Baptist Health employees, medical staff and others that care about your education needs. The annual Employee Giving Campaign provides most of the funding.

Please note the following guidelines when completing your **EXTRA** Fund grant application:

1. The fund does not make advance grants. You must first complete your course work and then apply.
2. Your course work must be directly related to your responsibilities at Baptist Health and must have the approval of your supervisor.
3. You must be an employee in good standing, with no current disciplinary action.
4. All documentation (receipts & certificates) must be attached to grant form in order to receive reimbursement. (*No exceptions.*)
5. All incomplete grant forms will be returned to the sender.
6. Please allow three weeks for processing.
7. All grants are subject to availability of money in the **EXTRA** Fund.
8. The **EXTRA** Fund grant you receive is a gift to you and does not have to be repaid. However, you are welcome to make contributions to the fund if you choose.

NOTE: ALL EXTRA GRANT REQUESTS MUST BE COMPLETED ON AN ORIGINAL FORM. NO FAX COPIES ARE ACCEPTABLE. MAIL YOUR COMPLETED ORIGINAL EXTRA GRANT REQUEST FORM TO: Hand mail: BAPTIST HEALTH CARE FOUNDATION, DEBOER BUILDING. First Class Mail: Baptist Health Care Foundation, P. O. Box 241647, Montgomery AL 36124-1647.