CoxHealth Foundation

Grant Application

Grants provided through the **Ferrell-Duncan Clinic Foundation Fund** - can be requested for the following:

- Education related to the employee's field that is for certification, continuing education to expand or enhance their position at CoxHealth or for related job requirements. Total of up to $300 per calendar year.

To qualify for funding the requestor agrees to pay the cost of the education, and be reimbursed. Reimbursement requires a W9 form and all original receipts showing payment made. Reimbursement is by check and will be mailed within 10 days. All remaining expenses outside the approved amount are at the requestor's expense.

To qualify for funding the requester must be an active CoxHealth employee in good standing and agree to provide proof of completion of the education to be eligible for future requests.

Applications are to be sent to:

CoxHealth Foundation
3525 S. National, Suite 204
Springfield, MO 65807

Applications may also be dropped off. The CoxHealth Foundation is located inside the Medical South Office Building on Walnut Lawn Street, Suite 204, Monday-Friday from 8 AM to 5 PM. Applications will be reviewed by the Ferrell-Duncan Clinic Foundation Board and notifications sent if the applicant is awarded.

Application must include:

- Description of seminar/program/certification with attached enrollment or submission information and proof of payment.
- Completed W9 form- this is required by CoxHealth Accounting to complete your reimbursement. There are no tax implications, this is for verification only.
- This form agreeing to receive reimbursement as described above and agreement to provide educational program/certification documentation upon completion. .

Questions? Call 269-7150. Thank you!

CoxHealth Foundation

Applicant Name: _____

Department at CoxHealth:_____

N S Meyer Branson Barton Monett FDC Clinic Other: _____

Supervisor: _____

Address: _____

Email:_____ Phone: _____

This request is for: ( ) Continuing Education ( ) Certification ( ) Certification renewal ( ) Other:_____

Please answer the following two questions. **Please answer on separate sheet and submit with this application sheet.**

1. Please explain the benefit of this education to you and the department where you work?
2. How will your education impact the patients in your care?

I have read all conditions and agree to them as stated.

Signature:_____

Date submitted: _____

Committee Review:

Approve Deny Amount Funded:$_____

3525 South National Avenue-Suite 204 Springfield, Missouri 65807
417.269.7150 (phone) 417.269.9599 (fax)
http://www.coxhealth.com/givinghowtohelp/CoxHealthFoundation/default.htm