



**Ascension  
St. Elizabeth Hospital  
Foundation**

**Grant Application  
Flanagan Family Fund for Continuing  
Education**

**Fund Background:**

The Flanagan Family Fund was established to enhance direct patient care in the Emergency and Surgery Departments at Ascension St. Elizabeth Hospital. Funding will be given to individuals or units for staff education that will have an immediate impact on patient care. Available funding will vary from year to year and will be given on a first-come, first-served basis until allocation has been depleted.

**Guidelines:**

Any nurse in the ED or surgery department may submit a request for an education grant based on the following guidelines:

- positively impacts patient care, including services to underserved or special needs populations;
- prepares staff for experimental, new or improved programs or services when funding is not available through the annual operating budget;
- informs staff of major trends and changes in the delivery of clinical and other health care services;
- results in measurable outcomes related to direct patient care.

**Procedure:**

Responsibility of person requesting funds:

- Obtain Work Team/Manager approval
- Complete the grant request form (available on the Ascension St. Elizabeth Hospital Foundation website) and e-mail it to leader.
- All requests require manager approval to ensure that the education plans are consistent with department goals.
- If appropriate, please complete the Health System Education and Travel Request form and indicate in the area provided that you have applied for and been approved for funding from the Flanagan Family Fund.

Responsibility of the department work team or manager:

- Process grants expenses
- Submit approved application to the Foundation.
- Once expenses have occurred, submit reimbursement request to the foundation.

Please call the Foundation Office (920.831.1425 Coree Van Thiel) with questions.

*Application can be emailed to Coree Van Thiel, grants manager, at [coree.vanthiel@ascension.org](mailto:coree.vanthiel@ascension.org)*



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1. Person requesting funds:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

2. Type of Request:

Date: \_\_\_\_\_

\_\_\_ Conference

\_\_\_ On-Site Workshop

\_\_\_ Staff Certification

\_\_\_ Other

\*\* Attach a copy of the program brochure, presenter resume or other appropriate information.

Title of Program:

Location:

Person(s) attending: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Cost:

Registration \$

Hotel \$

Airfare/Transportation \$

Other \$

Total \$

Amount of request: \$

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